County Borough of Ipswich

REPORT

of

THE MEDICAL OFFICER OF HEALTH

for the Year 1926

IPSWICH:
EAST ANGLIAN DAILY TIMES CO. LTD.
1927.

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COUNTY BOROUGH OF IPSWICH.

Annual Report

of the

Medical Officer of Health

for 1926

By A. M. N. PRINGLE,
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Medical Officer of Health,
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Medical Officer to the Ipswich Port Sanitary Authority,
Fellow of the Royal Sanitary Institute,
Fellow of the Royal Society of Medicine,
etc., etc.

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County Borough of Ipswich.

PUBLIC HEALTH DEPARTMENT,
ELM STREET,
IPSWICH,
July, 1927.

LADIES AND GENTLEMEN,

I have the honour to present to you my Report on the Health of Ipswich for the year 1926.

I beg to offer my thanks to the members of the Public Health Committee for their unfailing support in all matters pertaining to the health of the people.

I desire, once more, to record my appreciation of the devoted service of the Staff of the Public Health Department in the cause of Public Health.

I am, Ladies and Gentlemen,
Your obedient Servant,
A. M. N. PRINGLE, M.B., C.M., D.P.H.,
Medical Officer of Health.

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GENERAL STATISTICS.

Area (acres)	8,112
Population (1926)	84,140
No. of Inhabited Houses (1921)	17,764
No. of Families or separate occupiers (1921)	18,923
Rateable value March 1926	£469,073
Sum represented by a Penny Rate, 1926 ...	£1,740

EXTRACTS FROM VITAL STATISTICS OF THE YEAR 1926.

	Total.	M.	F.	Birth-rate.
BIRTHS—Legitimate	1,483	748	735	18.3
,, Illegitimate	57	29	28	
				Death-rate.
DEATHS	869	440	429	10.32

Number of women dying in, or in consequence of, child-birth	From Sepsis	3
	From other causes ...	6
Deaths of infants under one year of age per 1,000 Births :—	... ...	45

Number of Deaths :—Legitimate, 66 ; Illegitimate, 4 Total, 70

Deaths from Measles (all ages)	Nil
Deaths from Whooping Cough (all ages)	4
Deaths from Diarrhœa (under 2 years of age)	6

POPULATION.

The following Table gives the Registrar General's estimates of the population of Ipswich for the years 1921-1926:—

Year.	Number.
1921	80,100
1922	80,950
1923	81,710
1924	82,710
1925	83,120
1926	84,140

The variations in this Table are not readily explicable, unless on the basis of population movement. There has been, I think, a definite movement of immigration associated with signs of industrial improvement.

HOUSING CONDITIONS.

The housing position of the population of Ipswich between 1901 and 1921 is exhibited in the following Census Table:—

Census Year.	1901	1911	1921
Houses containing dwellings	15,428	17,372	18,251
Dwellings inhabited ...	14,518	16,682	17,764
Dwellings not inhabited	910	751	487
No. of Private Families ...	14,729	17,124	18,923
Total Population housed ...	66,630	73,932	79,371
No. of Persons per Family	4 52	4 18	4.05

The figures, though not in all cases absolutely comparable, nevertheless afford a reasonable basis for comparison.

If the number of houses containing dwellings be compared with the number of private families requiring dwellings, we find that in 1901 there were 15,428 dwellings available for the accommodation of 14,729 families, revealing a handsome surplus of 699 dwellings.

Further, we find that the 14,729 families occupied 14,518 dwellings, there being thus 211 instances of plural occupation.

In 1921, on the other hand, the position was entirely reversed. We find that there were 18,251 houses containing dwellings, available for the occupation of 18,923 families, a housing deficiency of 672 in terms of families.

In other words, the available housing surplus of 699 in 1901 had been converted into an actual housing deficiency of 672, as compared with the family needs.

Further, in 1921, 18,923 families occupied 17,764 houses, revealing 1,159 plural occupations, as compared with 211 in 1901.

Finally, as to uninhabited dwellings, the figure for 1921 is not comparable with that for 1901 for the reason that in the latter case the Census was taken at the time of the year when holiday dislocation was at its lowest, whereas the Census of 1921 was delayed until the latter part of June, when the holiday movement had become established and a considerable number of houses were empty on this account.

In 1911, 1.3 per cent. of the population lived more than 2 persons in a room; in 1921, 4.1 per cent. This is direct evidence of housing deficiency.

I give a Table showing the figures of new dwelling houses completed between 1921-1926 inclusive. The figures for 1921-1925 were supplied by Mr. Little, those for 1926 by Mr. McLauchlan.

Year.	Council Houses.	Private Enterprise.	Total.
1921	227	27	254
1922	136	24	160
1923	52	110	162
1924	48	309*	357
1925	116	495	611
1926	166	496	662
TOTAL	745	1461	2206

* 28 Flats in Back Hamlet, completed in 1924, are not included in above.

Thus two-thirds of the housing accommodation built locally within the last 6 years has been provided by private enterprise, aided by the subsidy.

The position is not really so good as the figures would suggest, because the figure for 1921 must be reduced by one-half, the other half being included in the Census returns. Further, over 70 houses (included in the 1921 Census) have been demolished in the Mount Improvement Scheme. The substitution houses for these are included in the 1926 figure of Council housing completion. Thus it would appear that the actual number of houses available at the end of 1926 was about 20,250. This at the rate of 4.05 persons per family would house about 82,000 people, leaving some 2,600 to be accommodated in Institutions, ships, etc. This figure is very close to the actual number (2,707) revealed at the 1921 Census.

If housing were a mere matter of so many houses for so many people it might be alleged, as has been done, that the recent activity in building has to a large extent solved the difficulty, but unfortunately numbers constitute only one factor, albeit of the first importance.

Reference is made in the section of this Report dealing with Marriages to the influence of the Marriage-rate upon the demand for housing.

Reference is also made to the factor of the increased expectation of life, especially at the higher ages in delaying the availability of many houses occupied by the old, but required by the young.

Whilst these influences have their definite bearing, by far the most important factor is the actual availability of the housing in relation to the capability of the people to pay the rents demanded by the cost of construction.

In pre-war days, there was a housing surplus of sufficient size to keep rents from advancing out of proportion to the capacity of the people to pay, and to permit of the free movement of the population by the process of "stepping," i.e., advancing from the poorer to the better classes of housing.

At the present day, this surplus does not exist, with the result that rents have risen, not only in relation to cost of construction, but also to the value of money and beyond it, with the result that the movement of the people has to a very large extent ceased and the stepping process has stopped.

The effect of all this is that the worst class of housing is the most crowded. Potential movers are deterred by the steepness in the ladder of rents from transferring from one class of property to another, and it is quite certain that until this difficulty is smoothed out, the housing problem at the bottom of the ladder will remain acute and a menace to the health of the community as a whole.

It is for the above reasons that the slum problem is more pressing at the moment than ever before. The slums are crowded with people, numbers of whom cannot escape because of the stoppage of the normal population movement and who are in addition to the habitual slum dwellers.

MARRIAGES.

The following Table shows the behaviour of the Marriage Rates in Ipswich since 1841.

The rates for England and Wales are given for comparison.

Period.	Ipswich. No. of Marriages.	Marriage rates per 1000 living.	
		Ipswich.	England & Wales.
1841—1850	3,815	19.4	16 1
1851—1860	3,302	18.6	16.9
1861—1870	3,550	17.6	16.6
1871—1880	4,143	17.7	16 2
1881—1890	4,152	15.3	14.9
1891—1900	4,777	15.3	15 6
1901—1910	5,209	14.7	15 5
1911—1920	6,819	17.8	16.6
1921—1925	3,316	16.2	—
1911	559	15.0	15.2
1912	596	15.8	15.6
1913	586	15.4	15.7
1914	604	15.8	15.9
1915	856	22.2	19.4
1916	653	16.9	14.9
1917	606	15.7	13.8
1918	706	18.3	15.3
1919	898	23.1	19.7
1920	755	19.1	20.2
1921	701	17.5	16.9
1922	635	15.6	15.7
1923	662	16.1	15.2
1924	600	14.5	15.3
1925	718	17.2	15.2
1926	654	15.5	—

Thus the rate in 1926 fell away from that of the previous year, and returned to the level of the pre-war years 1911-1914. The industrial conditions of 1926 were unfavourable to a high marriage rate.

The Marriage Rate is intimately connected with housing requirement, and from this point of view, the following comparison is of interest :—

Periods.	No. of Marriages.	Decennial Increase.
1891—1900	4,777	625
1901—1910	5,209	432
1911—1920	6,819	1,610
1921—1926	3,970	—

Thus the increase in the demand for housing arising from marriage, was evidently far greater between 1911 and 1920 than at any previous recorded period, thereby increasing the shortage.

Further, the release of housing by the death of old people is not at the present time going on at its former rate, for the reason that life is in process of being prolonged well over the three score years and ten. Hence we are witnessing growing pressure at the entrance and delay at the exit, both contributing their quota to the housing shortage.

Housing schemes must take the influence of these vital factors into consideration in assessing the amount of provision. It may be that the excessive Marriage demand for housing at the present moment, is transitory. Nevertheless, it exists and it has not been met. On the other hand the tendency to increased duration of life is, as far as can be judged with the knowledge available, a definite feature of modern conditions of life and must be reckoned with.

BIRTHS.

The following Table indicates the variations that have taken place in the Ipswich Birth-rate since 1841 :—

Year.	Ipswich. No. of Births.	Birth-rates Ipswich.	Birth-rates England & Wales.
1841—1850	9,391	32.7	32.6
1851—1860	11,925	33.7	34.1
1861—1870	13,295	33.2	35.2
1871—1880	15,691	33.4	35.4
1881—1890	17,104	31.6	32.4
1891—1900	17,787	28.7	29.9
1901—1910	18,798	26.8	27.2
1911—1920	16,538	21.6	21.8
1921—1925	7,712	18.8	—
1911	1,772	23.9	24.3
1912	1,750	23.3	23.9
1913	1,813	23.9	24.1
1914	1,800	23.5	23.8
1915	1,617	21.0	21.9
1916	1,666	21.7	20.9
1917	1,315	17.1	17.8
1918	1,379	17.8	17.7
1919	1,423	18.3	18.5
1920	2,003	25.5	25.5
1921	1,724	21.5	22.4
1922	1,586	19.5	20.6
1923	1,548	18.9	19.7
1924	1,433	17.3	18.8
1925	1,421	17.0	18.3
1926	1,540	18.3	17.8

Thus in 1926 there was an inconsiderable recovery from the low level recorded for 1925 and 1924, but it does not require a mathematician to interpret the meaning of the Table. Obviously the present position of the Birth-rate is the product of a definite tendency that has been in existence since about 1880.

In my Report for 1925, the matter was discussed at some length and the opinion was expressed that the cause of the present position was the practice of contraception, and I reaffirm the statement with added emphasis and for the same reasons as stated in that Report.

One point only need be emphasised on this occasion and that is that in spite of a considerable increase in the Marriage-rate of recent years, the fall in the Birth-rate has actually accelerated, proof, if need be, that contraception is practised not only by those already with families, but by the newly-wed, a phase deserving of close and critical study by all concerned for the welfare of the race.

The sex and legitimacy distribution of the births since 1921 is exhibited in the following Table :—

NUMBER AND SEX OF BIRTHS.

Year.	Legitimate.			Illegitimate.			All Births.			Males per 1,000 Females.
	M.	F.	P.	M.	F.	P.	M.	F.	P.	
1921	808	831	1,639	36	49	85	844	880	1,724	959
1922	731	777	1,508	42	36	78	773	813	1,586	958
1923	754	733	1,487	28	33	61	782	766	1,548	1,021
1924	700	669	1,369	35	29	64	735	698	1,433	1,053
1925	661	695	1,356	34	31	65	695	726	1,421	957
1926	748	735	1,483	29	28	57	777	763	1,540	1,018

TWIN BIRTHS.

The number of Twin Births and other details with regard to Twin Births is given below for the 6 years 1921-1926.

Year.	No. of Twin Pregnancies.	No. of Infants born alive.	No. of Infants Stillborn.	Per cent of Stillborn Twins.	Per cent of Twin Infants to Single Infants.
1921	16	30	2	6.2	1.7
1922	20	36	4	10.0	2.2
1923	16	31	1	3.1	2.0
1924	20	35	5	12.5	2.4
1925	27	52	2	3.7	3.6
1926	17	27	7	20.6	1.7
TOTAL	116	211	21	9.0	2.2

Thus about 91 per cent. of Twin Infants are born alive and about 9 per cent. are stillborn.

The high proportion of Stillborn Twins in 1926 is notable.

The sex distribution of the 211 live births is indicated thus. The figures refer to the totals of the six years 1921-1926.

Group		No. of Pregnancies	Males	Females
Both Males	...	34	68	
Both Females	...	29		58
Male and Female	...	35	35	35
One born alive	...	15	9	6
TOTAL	...	113	112	99

The number of Pregnancies in this Table is three less than in the preceding Table, because in three cases both twins were stillborn.

The proportion of Male Twin Births per 1,000 Female Twins was thus 1,131 as compared with only 991 in the case of Single Infants, during the same period.

Stillbirths occurred in 18 out of 116 Pregnancies or in the proportion of 15.5 per cent.

In three cases both Infants were stillborn and in 15, one.

The figures give evidence of the tendency of Twins to be of the same sex, especially males.

DEATHS.

RATES FROM ALL CAUSES.

I give the following Table of the crude Death-rates for Ipswich as compared with England and Wales since 1841.

Year.	Ipswich.	Crude Death-rates per 1,000 living.	
	No. of Deaths.	Ipswich.	England & Wales.
1841—1850	6,569	22.67	22.4
1851—1860	7,850	22.21	22.2
1861—1870	8,920	22.12	22.5
1871—1880	10,318	22.08	21.4
1881—1890	10,070	18.62	19.1
1891—1900	11,177	17.99	18.2
1901—1910	10,568	15.00	15.4
1911—1920	10,557	13.80	14.3
1921—1925	4,530	11.05	12.2
1901	1,185	17.65	16.9
1902	969	14.34	16.3
1903	1,049	15.31	15.5
1904	1,085	15.73	16.3
1905	1,041	14.90	15.3
1906	1,070	15.08	15.5
1907	1,089	15.24	15.1
1908	1,060	14.73	14.8
1909	991	13.57	14.6
1910	1,029	13.99	13.5
1911	946	12.76	14.6
1912	1,138	15.13	13.3
1913	1,055	13.92	13.8
1914	1,065	13.93	14.0
1915	1,161	15.09	15.7
1916	1,027	13.35	14.4
1917	1,055	13.71	14.4
1918	1,146	14.87	17.6
1919	1,015	13.09	13.7
1920	949	12.05	12.4
1921	891	11.06	12.1
1922	974	12.03	12.8
1923	838	10.25	11.6
1924	801	9.68	12.2
1925	1,026	12.34	12.2
1926	869	10.32	11.6

It appears therefore that the death-rate in 1926 from all causes at all ages, was the lowest recorded since 1841, with the exceptions of 1923 and 1924.

Since 1880, the average crude death-rates for Ipswich have been below those recorded for England and Wales as a whole.

From the Table the average local death-rates for the 40 years 1841-1880 exceeded 22.0 per 1,000 living. In contrast, the average death-rate experienced in Ipswich from 1921-1926 inclusive, was just below 11.0 per 1,000 living, or rather less than one half. This is a very remarkable achievement in an old industrial town such as this, and compares very favourably indeed with the experience of the country as a whole.

QUARTERLY DEATH-RATES.

The seasonal distribution of the crude death-rates is shown in comparison with the corresponding rates for England and Wales as follows :—

Year	Quarters of the Year							
	March		June.		September.		December	
	Death-rates		Death-rates.		Death-rates.		Death-rates.	
	Ipswich	England & Wales.	Ipswich	England & Wales.	Ipswich	England & Wales.	Ipswich	England & Wales.
1841 – 1850	23.7	24.7	21.0	22.0	23.2	21.0	22.6	21.7
1851 – 1860	23.3	24.7	20.5	22.1	22.6	20.3	22.6	21.9
1861 – 1870	23.5	25.2	20.3	21.8	22.3	21.0	22.4	22.1
1871 – 1880	23.7	23.7	20.7	20.9	21.7	19.6	22.3	21.3
1881 – 1890	21.0	21.6	17.4	18.7	17.4	17.3	19.6	19.1
1891 – 1900	20.5	20.7	15.9	17.6	18.3	17.0	17.5	17.7
1901 – 1910	17.6	17.7	13.7	14.6	13.6	13.8	15.2	15.4
1911 – 1920	17.1	17.2	12.7	13.6	11.4	11.8	14.0	15.0
1921 – 1925	13.7		10.1	—	9.1	—	11.3	—
1921	12.4	13.8	10.8	11.5	9.8	10.4	12.0	12.8
1922	17.7	17.6	11.1	12.6	8.5	9.5	10.7	11.4
1923	11.6	13.2	9.4	11.9	8.8	9.4	11.1	11.9
1924	11.6	16.6	8.7	11.8	8.5	9.2	9.8	11.1
1925	15.3	14.4	11.2	11.7	9.8	9.7	12.0	12.9
1926	13.9	—	9.2		7.3		9.9	

The Table records that locally as well as throughout the country, there has been a vast improvement in the mortality experience of each quarter of the year. The fact is disclosed that during the first six months of the year, the local mortality experience is below that of the country as a whole. Since the beginning of this century, the two rates have been almost identical, so far as the March Quarter is concerned, but, for the June Quarter, the local rates are considerably below those of the rest of the country. With regard to the September Quarter the Ipswich death-rates exceeded those of England and Wales up to the end of the 19th century. Since the beginning of this century, the local rates have fallen below those of the rest of the country. In the case of the December Quarter, the Ipswich death-rates exceeded those of England

and Wales from 1841 to 1890. Since that date they have fallen below the rates recorded for the country as a whole.

At the present day the highest mortality occurs in the March Quarter of the year, followed in order by that of the December Quarter, then the June Quarter, with the September Quarter lowest of all, on account of the practical elimination of Zymotic Diarrhœa.

The determining factor in the high mortality experience of the March Quarter is the excessive mortality from Bronchitis and Pneumonia amongst elderly people.

DEATH-RATES ACCORDING TO SEX.

The annexed Table displays the Sex Death-rates for Ipswich as compared with England and Wales since 1841.

Decennia.	Males.		Females.		Males per 1000 Females.
	Ipswich.	England & Wales.	Ipswich.	England & Wales.	Ipswich.
1841–1850	23.85	23.1	21.60	21.6	1,104
1851–1860	23.38	23.1	21.20	21.4	1,103
1861–1870	23.18	23.7	20.82	21.4	1,113
1871–1880	24.15	22.7	20.33	20.1	1,188
1881–1890	20.00	20.3	17.40	18.1	1,148
1891–1900	19.54	19.3	16.74	17.1	1,167
1901–1910	16.16	16.4	14.07	14.4	1,148
1911–1920	14.54	15.9	13.11	13.0	1,109
1921–1925	11.45	13.0	10.76	11.4	1,064
1921	11.44	13.0	10.84	11.3	1,055
1922	11.76	13.6	12.27	12.0	958
1923	10.68	12.4	9.87	10.9	1,082
1924	10.21	12.9	9.24	11.5	1,110
1925	13.07	12.9	11.69	11.4	1,118
1926	11.12		9.62	—	1,156

The higher male death-rates throughout the series are very evident both locally and throughout the country as a whole.

Up to the beginning of this Century, the male death-rates in Ipswich, viewed as a whole, exceeded those of England and Wales. Since 1900, the local male deaths have been below those of the rest of the country, and, with the passage of time, to an increasing degree.

On the other hand, the female death-rates have been on the whole, lower in Ipswich than in England and Wales.

It is not altogether easy to find a reasonable explanation for these discrepancies.

DEATH-RATES AT DIFFERENT AGES.

Comparative view of the average death-rates at 12 age periods, including three decennial periods and the quinquennium 1921-1925.

Ages	1841 to 1850	1871 to 1880	1901 to 1910	1921 to 1925	Persons 1926.
5	72.9	62.7	43.8	19.2	16.6
5 10	9.2	5.8	3.6	1.6	1.3
10—15	5.1	3.5	1.9	1.2	.8
15—20	7.3	5.3	2.6	2.2	1.5
20 25	8.7	6.8	3.9	3.2	3.1
25 35	10.7	10.2	4.7	3.2	3.2
35 45	13.8	13.7	7.9	4.4	4.6
45—55	15.5	18.9	12.8	9.9	7.4
55—65	29.4	31.1	24.2	17.2	20.0
65 75	61.8	63.6	53.1	47.1	40.9
75 85	133.6	149.3	126.9	112.3	112.6
85	290.1	333.3	215.2	252.6	206.6
All Ages	22.6	22.0	15.0	11.0	10.3

This Table tells exactly where, from the point of view of age, the fall in the death-rate from 22.6 to 10.3 has occurred.

In round figures the mortality experience of to-day, under 20 years of age, has fallen by 75 per cent., as compared with 1841-1850.

Between 20 and 45 years of age, the fall is about 66 per cent.

Between 45-55 the fall is about 50 per cent.

There is improvement in the death-rate even over 55 years of age, but of course it is inconsiderable as contrasted with the immense gains at the lower ages. Nevertheless the favourable variation between 55 and 75 years of age is about 25 per cent.

Over 75 years of age, evidence of increasing longevity, the average death-rate shows a decrease of about 15 per cent.

The Table thus establishes a favourable mortality experience at all ages, even the highest evidence, the strongest possible evidence, that the foundation upon which the present mortality experience is based, is sound. The fact that the greatest benefit is experienced at the youngest ages, is final proof that the method is right.

If this be granted, it is very necessary to note that the application of the method has shifted from the environment to the individual.

In the past Public Health energies have been directed to the surroundings of the person, housing drainage, cleanliness of environment outside and inside the house and personally, etc. These are no whit less important to-day. But experience has shown that Health effort must shift its basis from conditions of life to life itself, in other words, from the house (keeping the house in hand all the time) to the person living in the house.

Thus Infant Mortality to-day is the expression of the success or failure of the methods adopted for the promotion of the personal health of infants, and the fact that the mortality at all ages under 5 years has fallen about 75 per cent., is proof of the correctness of the methods.

The acceleration in the fall in the death-rate from Tuberculosis, is evidence that the direct campaign has not been without success.

The fall in the death-rate from Measles and Whooping Cough, is not due to diminished prevalence or alteration in type, but to alteration in management, the result of persistent education.

These examples will suffice to point the moral.

Throughout the whole period of 86 years dealt with in local statistics, the eleventh year of life has been characterised by the lowest mortality experience of any age, and the mortality of the 10-15 years of age period is always the lowest.

DEATH-RATES OVER 70 YEARS OF AGE.

Table showing the death-rates per 1,000 living from all causes at all ages over 70 years.

Period.	Death-rates per 1,000 Living and Proportion.					
	Males.		Females.		Persons.	
	Rates.	Per cent.	Rates.	Per cent.	Rates.	Per cent.
1841—1850	121.99	13.2	116.09	16.2	118.66	14.6
1851—1860	117.99	13.2	108.27	16.5	112.32	14.9
1861—1870	118.25	14.1	100.49	17.2	107.72	15.6
1871—1880	131.44	15.2	119.34	20.7	124.23	17.8
1881—1890	121.06	16.8	106.69	20.8	112.62	18.8
1891—1900	116.38	17.4	111.49	23.5	113.51	20.4
1901—1910	115.42	21.1	104.44	28.1	108.90	24.5
1911—1920	114.71	24.1	96.16	32.1	103.28	28.1
1921—1925	102.50	29.5	92.25	41.5	96.11	35.7
1926					92.00	37.0

The facts revealed by this Table include :—

1. The average male death-rates over 70 years of age consistently exceed the female. Due allowance being made for the fluctuations necessarily incidental in small communities, the male death-rates have remained remarkably constant, but the female have, of recent years, shown a definite tendency to decline.

2. The proportion columns show that the tendency to survive to the age of 70, has been consistently greater for females throughout the whole period, and that the number of females now reaching the age of 70 and over, is increasing much more rapidly than that of males.

3. For both sexes, the proportion of persons dying over 70 years of age has increased, since the beginning of this Century, out of all proportion to the experience of the previous 60 years. The reason for this large proportion is, of course, the fact of the lowering of the death-rates at all ages under 70 years, chiefly at the youngest ages of all. The whole object of Public Health endeavour is to preserve Health and Life to its natural termination. We have now reached the stage locally in which rather less than one male in three dies at the age of 70 and over, and rather more than one female in two-and-a-half. These are the end results.

4. There has been a slight fall in the male mortality experience over 70 during the last few years, and one much more pronounced and definite in the case of females. This is due to the fact that increasing numbers survive to ages well over 70.

This obviously will stabilise itself in time.

We may summarise the above very briefly as follows:—

(a) At birth a great increase in the chance of survival to the age of 70, and

(b) An increased expectation of life for those who reach that age.

CAUSES OF DEATH OVER 70 YEARS OF AGE.

The principal causes of death of persons over 70 years of age are set forth in the following table, which exhibits the facts in proportions per 1,000 deaths from 1921-1925 inclusive (1912 classification).

Causes of Death.	Males.	Females	Persons.
Senile Decay ...	220	258	243
Bronchitis ...	154	161	159
Heart Diseases ...	138	137	138
Cancer ...	121	116	118
Apoplexy ...	100	82	89
TOTAL ...	733	754	747
All other causes ...	267	246	253
GRAND TOTAL ...	1000	1000	1000

The causes given above are pre-eminently the diseases of degeneration. Indeed, Senile Decay may be regarded as the normal mode of termination of life. The term is, however, very vague in its meaning, and it is to be feared that its application is extremely loose.

Bronchitis is notoriously a disease of elderly people, but it is in no sense to be regarded as a clear cut disease at these ages. There is, more often than not, an accompanying cardiac degeneration. Similarly, cardiac degeneration is very likely to induce bronchial conditions. Thus there is a sort of vicious circle. If, however, these facts be kept in mind in considering such a Table, then the value becomes more definite.

Cancer, under modern conditions of diagnosis, is much more definite, and it is possible that the rate for Cancer is not very far short of the actual. The male excess at these high ages is very notable.

Apoplexy or Cerebral Hæmorrhage is a characteristic result of degenerative processes and is a fairly definite entity, but there is still a tendency to disguise the disease under the name of the Symptom Hemiplegia.

It may be thought that no useful purpose can be served by the study of disease at the end of life, but I cannot subscribe to such a view. The study of disease is of high value at all ages, not less the last, because all disease is related to preceding facts. Thus, when it is recorded that one person in eleven, at ages over 70 years, dies from Apoplexy, the fact is registered that degenerative changes began in the blood vessels of these persons, long years before the final rupture took place in the brain. Associated with this slowly advancing arterial degeneration there was interference with the value of the person as a member of the community from a lowered state of health, exhibiting itself in various ways. The change begins from some cause or series of causes, the prevention of which would confer great individual and communal benefits.

DEATHS IN INSTITUTIONS.

Institution.	Inhabitants.			Non-Inhabitants.		
	M.	F.	P.	M.	F.	P.
Infirmary	66	47	113	1	3	4
East Suffolk & Ipswich Hospital	51	39	90	75	57	132
Isolation Hospital	24	14	38	5	4	9
Borough Mental Hospital ...	13	12	25	1	5	6
Nursing Homes	3	4	7	7	8	15
TOTAL	157	116	273	89	77	166

Thus 31 per cent. of all the deaths registered in the Borough occurred in Public Institutions, an illustration of the amount of use made of the various Institutions by the inhabitants of the Borough.

From the column dealing with the Institution deaths of non-inhabitants of the Borough, it is seen that the inhabitants of the county make even as much use of the East Suffolk and Ipswich Hospital as the inhabitants of the Borough.

Death and Death-Rates according to Disease Groups.

THE SEVEN PRINCIPAL ZYMOTIC DISEASES.

13 deaths were referred to this group in 1926, as compared with 42, 13, 10, 32 and 38 respectively in the five preceding years.

There were no deaths ascribed either to Typhoid Fever, Small Pox, Measles or Scarlet Fever, but 6 deaths were attributed to Diarrhœa under 2 years of age, 4 to Whooping Cough, and 3 to Diphtheria.

The death-rate of the group was the lowest recorded since 1841, with the single exception of the year 1923.

The following Table shows the behaviour of the group of Zymotic Diseases so far as deaths and death-rates are concerned since 1841 :—

Period	No. of Deaths	Death rates per 1,000 living.
1841–1850	784	2.704
1851–1860	909	2.572
1861–1870	1062	2.610
1871–1880	1125	3.049
1881–1890	1042	1.927
1891–1900	1425	2.294
1901–1910	929	1.319
1911–1920	638	.831
1921–1926	149	.302
1921	38	.471
1922	32	.393
1923	10	.122
1924	13	.157
1925	43	.517
1926	13	.154

Thus the death-rate from the Seven Principal Zymotic Diseases is to-day less than one-tenth of what it was in the decennium 1871-1880. The chief cause of the reduction is the extraordinary fall in the deaths due to Zymotic Diarrhœa under two years of age, but all the other members of the group have contributed their proportion.

ENTERIC FEVER.—This disease has practically ceased to exist as a serious menace to the health of the community. It is a disease peculiarly amenable to the influence of sanitary measures, and its virtual disappearance is one proof of the efficiency of the sanitation of the present day.

DEATHS AND DEATH-RATES FROM ENTERIC FEVER.

Periods.	No. of Deaths.	Death-rates per 1,000 living. **Ipswich.**
1841–1850	12	04
1851–1860	24	·06
1861–1870	40	·09
1871–1880	101	·21
1881–1890	65	·12
1891–1900	119	·19
1901–1910	78	·11
1911–1920	6	007
1921–1926	3	006
1921	1	012
1922	1	012
1923		
1924	—	—
1925	1	·012
1926		

At all ages the average male death-rate consistently exceeds the female.

SMALL-POX.—There have been five great epidemics of Small Pox in Ipswich since 1841.

Dates	No. of Deaths.
1848—1849	93
1854—1855	81
1860—1861	45
1869—1870	34
1871—1872	149

Since 1872, 9 deaths have been ascribed to Small Pox, the last in 1893. Thus for 54 years the inhabitants of the Borough have enjoyed freedom from epidemics of Small Pox, and have become quite oblivious to the danger which was brought home to their fathers by frequent reminders of the terrors of the disease.

Small Pox of old was a most fatal disease to the young just as Measles is nowadays, and for precisely the same reason, viz., that the majority of persons who had reached adult age were protected by a previous attack. Therefore we should expect that the earlier epidemics would exhibit their greatest fatality amongst young children. We should also expect that with the introduction of Infant Vaccination, the mortality of young children would be greatly diminished (bearing in mind that there never was a time when all infants were vaccinated) and that the heaviest incidence would be upon the higher ages amongst those in whose case the protective influence of vaccination had worn out or who were unprotected by a previous attack of Small Pox. The annexed Table shows how far these suppositions are true in fact.

Period.	Ages at Death.				
	-5	-10	—45	+ 45	All Ages.
1841—1850	65	19	14	5	103
1851—1860	57	13	30	10	110
1861—1870	16	9	23	9	57
1871—1880	17	19	97	22	155
1881—1893	—	—	1	2	3

Thus, in the two earliest decennia, the heaviest mortality occurred amongst young children, whereas afterwards, the greatest fatality was experienced by persons over 10 years of age.

The following Table compares the local Small Pox experience with that of England and Wales as a whole.

Period.	No. of Deaths.	Death-rates per 1,000 living.	
		Ipswich.	England & Wales
1841—1850	103	.355	—
1851—1860	110	.311	.222
1861—1870	57	.140	.162
1871—1880	155	.331	.245
1881—1890	2	.003	.046
1891—1900	1	.001	.013
1901—1910	—	—	.013
1911—1920	—	—	—
1921—1925	—		
1921	—	—	
1922	—	—	.001
1923	—	—	—
1924	—		—
1925	—		—
1926	—		—

SCARLET FEVER.—The Scarlet Fever experience of Ipswich shows two distinct phases since 1841.

(1) A period of high mortality lasting from 1841-1880, with its maximum in 1863, when no fewer than 199 persons perished from this disease alone, the most fatal epidemic of any variety recorded, with the exception of the Influenza Epidemic of 1918.

(2) Since 1881, a period of low fatality.

The following Table explains itself :—

Period.	No. of Deaths.	Deaths per 1,000 living.	
		Ipswich.	England & Wales.
1841—1850	120	.414	—
1851—1860	120	.339	—
1861—1870	304	.753	.971
1871—1880	200	.428	.719
1881—1890	38	.070	.338
1891—1900	52	.083	.158
1901—1910	15	.021	.106
1911—1920	44	.057	.047
1921—1926	6	.012	.029*
1921	—		.034
1922	2	.024	.036
1923	3	.036	.026
1924	1	.012	.023
1925	—	—	.025
1926	—	—	.020

*1921—1925.

So far as sex is concerned the local experience is that there is a slightly higher mortality amongst females at all ages. This applies at all the age periods, but very particularly to the period 10-15 years. Here the female excess is marked and definite from 1841-1880. Thereafter the numbers of deaths are small, and the sex rate reduces itself to the accidental.

In Scarlet Fever, 58 per cent. of the mortality experience occurs under 5 years of age, 26 per cent. between 5-10 years of age, and 15 per cent. over 10 years. Apart from accidentals, which are inevitable for many reasons, there is little likelihood of death from Scarlet Fever over 15 years of age.

The type of Scarlet Fever at present in this Borough is extremely mild, so mild that not a few cases are missed in the first instance. Not only so, but there is definite evidence of variation as regards the distinctive features of the rash. Locally, the tendency is towards the German Measles variety. There is a tendency towards the view that as the type of Scarlet is so mild, it is rather a good thing to get it over now. This is, in my opinion, a profound and dangerous fallacy. Apart altogether from its complications, Scarlet Fever, as the Table already given shows quite clearly, is a most dangerous disease. The Table also shows that for some reason the type altered almost suddenly from the severe to the mild. Can any one assert that it will not alter, equally suddenly and equally inexplicably, from the mild to the severe?

MEASLES.—The history of Measles Mortality in Ipswich since 1841 is exhibited as under:—

Period.	No. of Deaths.	Death-rates per 1,000 living	
		Ipswich.	England & Wales.
1841–1850	87	.300	
1851–1860	71	.200	412
1861–1870	74	.183	443
1871–1880	79	.169	.379
1881–1890	196	.362	441
1891–1900	181	.291	414
1901–1910	193	.274	309
1911–1920	122	.159	.275
1921–1926	22	.044	122*
1921	—		059
1922	3	.037	149
1923	2	.024	138
1924	2	.024	124
1925	15	.180	137
1926	—		099

* 1921–1925

It is obvious that, locally, Measles exhibits two definite periods of prevalence :—

1. From 1841-1880 a period of high mortality at the commencement steadily falling to its lowest point in the period 1871-1880.

2. A period of recrudescence from 1881-1926, with its highest mortality at the commencement, but falling steadily down to by far the lowest recorded death-rate during the last 6 years.

The consistency with which the average Measles death-rates in Ipswich keep below those of England and Wales as a whole, is very remarkable.

The Male Measles Mortality at all ages exceeds the female consistently throughout the whole period.

The mortality from Measles occurs chiefly amongst children under 5 years of age, although an appreciable number of deaths have to be recorded at ages 6 and 7 and a few over these ages.

WHOOPING COUGH.—This disease, next to Diarrhœa, is the chief cause of death in this group. It confines its ravages (for practical purposes) to children under 5 years of age.

The following Table illustrates its behaviour :—

Period.	No. of Deaths.	Death-rates per 1,000 living.	
		Ipswich.	England & Wales.
1841 - 1850	165	.569	—
1851—1860	164	.464	.505
1861 1870	179	.443	.530
1871 1880	265	.567	.513
1881 – 1890	248	.458	.451
1891 - 1900	200	.322	.378
1901 1910	167	.237	.277
1911 1920	137	.179	.183
1921 1926	42	.085	131*
1921	—	—	.121
1922	15	.184	.167
1923	1	.012	.108
1924	4	.048	103
1925	18	.216	156
1926	4	.047	100

* 1921—1925

At all ages the female mortality exceeds the male with sufficient consistency to establish an average experience.

In the case of Whooping Cough with the exception of the decennium 1871-1880 (epidemic of 1874) the local mortality experience is less than that of the country as a whole.

DIPHTHERIA AND CROUP.—The mortality from Diphtheria and Croup is represented thus :—

Period	No. of Deaths.	Death-rates per 1,000 living.	
		Ipswich.	England & Wales.
1841—1850	35	.120	—
1851—1860	50	.141	—
1861—1870	100	.248	.435
1871—1880	109	.233	.291
1881—1890	168	.310	.308
1891—1900	157	.252	.315
1901—1910	102	.144	.192
1911—1920	127	.166	.142
1921—1926	28	.057	.088*
1921	15	.186	.126
1922	6	.073	.107
1923	3	.036	.071
1924	—	—	.064
1925	1	.012	.071
1926	3	.035	.070

*1921—1925.

The figures given in the above Table are to be regarded with considerable suspicion, particularly the earlier series up to 1860, which are really not of much use. The series between 1861 and 1890 is of improving value, and that from the 90's of last century onwards, is reasonably accurate, especially since 1911.

Whatever conclusions be drawn from the figures, one at least is definite, and that is, that the Diphtheria Mortality experience of recent years is far below any rate recorded hitherto.

ZYMOTIC DIARRHŒA UNDER TWO YEARS OF AGE.

The following Table indicates the local experience since 1841 :—

Period.	No. of Deaths.	Death-rate per 1,000 living	Death-rates per 1,000 births.	
		Ipswich.	Ipswich.	England & Wales
1841—1850	262	.903	27.89	—
1851—1860	370	1.047	31.02	—
1861—1870	308	.763	23.15	—
1871—1880	516	1.104	32.83	—
1881—1890	325	.601	30.16	—
1891—1900	714	1.149	40.15	—
1901—1910	374	.531	19.89	—
1911—1920	202	.264	12.21	—
1921—1926	48	.097	5.18	8.0*
1921	22	.272	12.76	16.06
1922	5	.061	3.15	6.58
1923	1	.012	.64	8.12
1924	6	.072	4.18	7.58
1925	8	.096	5.63	8.77
1926	6	.071	3.90	8.70

* 1921—1925.

85 per cent. of the deaths recorded above were under one year of age.

Throughout the whole period the male death-rates consistently exceeded the female.

It is obvious that the change in the prevalence of fatal Zymotic Diarrhœa is a matter of the present century, the disease so far as our records go reaching its maximum fatality in the last 10 years of the last century.

The Diarrhœa experience of Ipswich during the last five years is without parallel in the recorded history of the Borough, and compares more than favourably with that of the country as a whole.

The causes of this very great improvement are numerous, but first and foremost, comes the vast improvement in the sanitary conditions of the Borough, resulting from the substitution of the Water Carriage System for the old insanitary Privy Middens, some 8,000 of which were abolished between 1895 and 1906.

Next in importance comes the establishment of the Infant Welfare Centre in 1907.

Nearer to the present time are the use of Dried Milk and the great diminution in the number of horses.

INFLUENZA.

The following Table illustrates the behaviour of the Influenza Death-rates in Ipswich in terms of decennia since 1841 :—

Period.	Males.		Females.		Persons.	
	No.	Death rates.	No.	Death-rates	No.	Death rates.
1841 1850	10	073	13	.084	23	079
1851—1860	3	.018	3	.016	6	.017
1861 1870	4	.020	1	004	5	012
1871 - 1880		--	2	008	2	004
1881 1890	1	004	4	014	5	009
1891 1900	121	418	143	.433	264	.425
1901 1910	80	242	83	223	163	.231
1911 - 1920	171	472	206	.510	377	493
1921 1925	40	.208	68	314	108	264
1926	10	.251	9	203	19	.225

Influenza has been known for centuries, and great epidemics have occurred at irregular intervals, the disease almost disappearing between the periods of epidemicity. Thus in the last century there were epidemics in 1803, 1833, 1837-38 and 1847-48. Thereafter, it practically vanished for over 40 years, and then once more burst upon the world in 1890. Since that date it has never been absent, epidemics recurring regularly, but with very varying fatality.

The most fatal epidemic of recent years was, of course, that of 1918.

The Table above illustrates these facts in so far as they apply to Ipswich, but the figures show only a part of the truth, and must be regarded with discrimination.

Thus, in the epidemics of 1891 and 1892, only a proportion of the deaths due to Influenza were, in fact, ascribed to Influenza. The great majority were referred to Pneumonia and Bronchitis, and are included amongst the group of Respiratory deaths. This same tendency runs through the whole series, though of recent years there has been greater accuracy in assigning Influenza as the exciting cause.

The relationship between Influenza and such complications as Bronchitis and Pneumonia is notorious, but they are not the only complications of that disease.

There is ample evidence of grave disorders of the heart following upon Influenza, and the local figures indicate variations in the deaths from Heart Disease in association with and definitely due to it.

The local figures further show a considerable increase in the Suicide rate synchronising with the re-appearance of Influenza. The increase applies to both sexes, but more to females.

Influenza is the great plague of modern life, and is regarded with far too much unconcern by the public, who have come to regard its frequent recurrences as a necessary evil. The real ravages of the disease cannot be shown by death-rates alone, as it leaves behind it a trail of disabilities unconnected with death-rates or connected only after long periods of time and in remote and untraceable ways.

The economic loss of an epidemic itself is incalculable, whilst the inefficiency loss, although usually of a temporary character, cannot be expressed with even approximate accuracy. The disease affects all classes of the community equally, is most fatal to the old, and since 1918, to the female sex. It is extremely infectious, its incubation period is short, and its infectivity greatest at the earliest stage.

Influenza is primarily an infection of the nose and pharynx, and it is transferred from one Naso-pharynx to another by the " droplet infection," induced by the coughing and sneezing which accompanies the disease. In these cases the striking distance varies with the violence of the cough or sneeze, but it is also exhaled in breathing only. Here the striking distance is less, but in a crowded Tram Car or Railway Carriage, it is enough.

The reason why the inhabitants of the earth suffer from periodic and frequent epidemics of Influenza of tremendous dimensions, is extraordinarily simple. It is common knowledge that Infectious Diseases such as Small Pox, Scarlet Fever, etc., protect against themselves to such an extent that second attacks are rarieties. In other words persons attacked by these diseases are for practical purposes immune to a second attack. In the case of Influenza, unfortunately, this is not the case. One attack confers only a very fleeting protection, and therefore, instead of repeated epidemics producing an immune population, the same persons are struck down in epidemic after epidemic, although the severity of the disease may be lessened for individuals by previous recent attacks. Compare this with Measles, in which case epidemics recur with definite frequency amongst the new generations of young children, when the numbers of the susceptible rise sufficiently to afford the pabulum necessary for the establishment of the epidemic state.

These considerations pave the way for the confession that Influenza is not a preventable disease in the present state of our knowledge. The whole of the conditions of modern life, its universal inter-communication, its speed of transport, the crowded state of its public vehicles of all kinds, its packed streets, shops, cinemas, theatres and all other public places of entertainment, etc., etc., coupled with the fatuous indifference of the public, all render the control of the disease impossible. Disinfection of premises, School Closure without Church Closure, Sunday School Closure, Theatre and Cinema Closure, Entertainment Closure, Party Closure, Meeting Closure, Tram and Train Closure, etc., etc. Closure, is futile.

It is obvious from these facts that, in the present state of our knowledge, no action taken by an Authority can influence an epidemic in any way, so far as prevention is concerned.

Therefore, we are reduced to palliation. So far as this is concerned, the sheet anchor is education of the public in what to do when attacked by the disease.

The law is that when persons contract Influenza, they should stay at home, go to bed and stay there for at least three days after the temperature is normal, and then get up only if permitted by their Doctor. They should be nursed as any other Infectious Disease would be, a council of perfection, unrealisable in the vast majority of cases for very obvious reasons. Nevertheless, some at least can be isolated.

Locally, ample accommodation is available at the present time in the Isolation Hospital and in other Institutions, for the treatment of necessitous cases of Influenza and its complications, such as Bronchitis and Pneumonia. The word necessitous in this relation does not mean pauperism, but necessity incidental to the presence of Influenza, quite a different thing. Nursing arrangements are in existence, designed to render the local Nursing Service fully available in the case of emergency.

These arrangements are excellent so far as they go, but they do not cover the whole ground. They are easy to make, easy to carry out so far as they are available, and they should not be expected to do more than they can. But there are cases in which other help is needed, in the way of the provision of Home Help and temporary Home Management and Maintenance. This involves a complete and harmonious dovetailing of local agencies, so that all available resources may be utilised to the full.

The organisation of such a service is not a difficult matter, but during an epidemic of Influenza of such magnitude as to make a large call upon it, Influenza itself interferes materially with the actual working.

DEATHS FROM TUBERCULOSIS IN 1926.

69 deaths were ascribed to the various forms of Tuberculosis in 1926, as compared with 95 in 1925, and an average of 88 for the five years ending 1925.

The excess in 1925 was due to an increase in the deaths of Males from Pulmonary Tuberculosis, the death-rate in this particular group being the highest recorded since 1918.

Table showing the death-rates from Pulmonary and Non-Pulmonary Tuberculosis in Ipswich since 1841, together with the rates for England and Wales for persons :—

Period.	Pulmonary T.B.				Non-Pulmonary T.B			All Forms of T.B			
	Males.	Females.	Persons.		Males.	Females.	Persons.	Males.	Females.	Persons.	
			Ipswich.	England & Wales.						**Ipswich.**	England & Wales.
1841—1850	3.52	3.60	**3.57**	—	.36	.35	.35	3.88	3.96	**3.92**	—
1851—1860	2.72	3.08	**2.91**	2.68	.54	.42	.47	3.27	3.50	**3.39**	3.47
1861—1870	2.76	2.85	**2.83**	2.48	.55	.34	.44	3.31	3.19	**3.28**	3.25
1871—1880	2.74	2.44	**2.57**	2.12	.47	.47	.47	3.21	2.92	**3.05**	2.87
1881—1890	2.18	1.98	**2.07**	1.73	.61	.59	.60	2.79	2.57	**2.67**	2.43
1891—1900	1.99	1.54	**1.74**	1.39	.43	.41	.42	2.43	1.95	**2.17**	2.01
1901—1910	1.73	1.23	**1.46**	1.16	.38	.34	.36	2.12	1.57	**1.82**	1.65
1911—1920	1.34	1.07	**1.20**	1.07	.35	.27	.31	1.69	1.35	**1.50**	1.42
1921—1925	1.08	.78	**.92**	.85	.17	.14	.15	1.26	.92	**1.07**	1.08
1921	1.03	1.01	**1.01**	.88	.13	.18	.16	1.16	1.19	**1.17**	1.12
1922	.99	.90	**.94**	.88	.20	.06	.13	1.20	.97	**1.08**	1.12
1923	1.06	.62	**.82**	.83	.15	.20	.18	1.22	.83	**1.01**	1.06
1924	.97	.68	**.82**	.84	.15	.16	.15	1.13	.84	**.97**	1.05
1925	1.35	.68	**.99**	.83	.20	.09	.14	1.56	.77	**1.14**	1.03
1926	.70	.68	**.69**	—	.17	.09	.13	.87	.77	**.82**	—

It is impossible to examine this Table without satisfaction. The figures given for Respiratory Tuberculosis show that the experience of Ipswich for many years exceeded, consistently and considerably, that of England and Wales. Of recent years the Ipswich figures have approached more near to those of the country as a whole, showing that at the present day, the fall in the death-rate from Respiratory Tuberculosis is proceeding locally at a greater rate than that of the rest of the country. I cannot divorce this fact from the local campaign.

The high male mortality from Pulmonary Tuberculosis is a notable feature, but there is evidence that the division between the sexes is getting less.

As to the Non-Pulmonary variety, the low rate of recent years is still maintained, the chief cause being the diminution in the deaths ascribed to Tuberculous Meningitis and Tuberculosis of the Abdominal Organs.

So far as All Forms of Tuberculosis are concerned, the Table shows that although the Ipswich death-rates have always exceeded those of England and Wales, with the exception of 1851-60, there has been a definite tendency for the two rates to meet, culminating in a practically equal rate for the period 1921-25.

Thus emerges the fact that the Ipswich rates for Non-Pulmonary Tuberculosis have been quite consistently below the experience of the country as a whole. It is difficult to explain why Ipswich should have a relatively high death-rate from Respiratory Tuberculosis and one relatively low for all the other forms of Tuberculosis.

It is evident that Tuberculosis is steadily diminishing as a cause of death. The Table given shows that this fall began long ago, long before the Public Health Act of 1875, long before the discovery of the Tubercle Bacillus (1881), long before Notification (1911), and the Insurance Act (1912). These agencies have had their own effect, but the root cause of the change does not lie with any of them. The real essential cause is to be found in the production of races immune to Tuberculosis. I believe that the available evidence indicates that this is almost within sight, so far at least as civilised races are concerned. When one considers the universality of infection amongst children, the multiplicity of the sources of infection, the numbers of unrecognised cases of the actual disease at large in the community, and compare these facts with the numbers of known cases and known deaths and the ages at death, it is obvious that great numbers of children must recover from their attacks through the acquirement of immunity.

The appearance of the developed disease in adult life occurs amongst those whose acquired immunity has broken down for some of many reasons.

This view of the case postulates the existence amongst races exposed to æons of attack, of hereditary immunity. To this partial immunity is added the additional resistance of acquired immunity, which is, at the present day, sufficient to protect the vast majority of the community from fatal Tuberculosis. It does not require any great effort of the imagination to perceive that the day is not far distant, when first of all death, and finally, the disease itself will for all practical purposes, cease to exist. But no individual alive at the present moment will see this.

CANCER.

The Cancer experience of Ipswich is exhibited in the following Table, which records the case from 1841 :—

Period.	Males.		Females.		Persons.		
	No. of Deaths.	Death-rates per 1,000 living.	No. of Deaths.	Death-rates per 1,000 living.	No. of Deaths.	Death-rates per 1,000 living.	
						Ipswich.	England & Wales.
1841—1850	12	.08	50	32	60	.21	—
1851—1860	21	12	80	.42	101	.28	.31
1861 – 1870	47	.24	143	.66	190	.47	.38
1871 1880	96	.43	193	.77	289	.61	.47
1881 - 1890	115	.45	243	.84	358	.66	.59
1891—1900	182	.62	299	.90	481	.77	.75
1901 - 1910	290	.87	413	1.11	703	.99	.90
1911 – 1920	399	1.10	562	1.39	961	1.25	1.11
1921 – 1925	256	1.33	329	1.52	585	1.43	1.26
1911	34	.96	49	1.24	83	1.11	.99
1912	37	1.04	52	1.31	89	1.18	1.02
1913	44	1.11	58	1.45	102	1.34	1,06
1914	42	1.15	53	1.31	95	1.23	1.06
1915	39	1,06	62	1,53	101	1.31	1.12
1916	48	1.31	52	1.28	100	1.30	1.16
1917	44	1.20	60	1,47	104	1,35	1,21
1918	29	.79	54	1.32	83	1.07	1.21
1919	44	1.20	50	1.22	94	1.21	1.14
1920	38	1.02	72	1.72	110	1.39	1.16
1921	42	1.11	56	1.31	98	1.21	1.21
1922	51	1.33	62	1.44	113	1.39	1.22
1923	39	1.01	74	1.70	113	1.38	1,26
1924	58	1.48	60	1,36	118	1.42	1,29
1925	66	1.68	77	1.74	143	1.72	1.33
1926	44	1.10	61	1.38	105	1,24	—

From the above Table the broad general conclusions are :—

1. That Cancer Mortality has, statistically, at any rate, increased steadily throughout the whole period.

2. The Male Cancer Mortality has increased at a far greater rate than the Female.

3. Since the beginning of this century, the average Male Cancer Mortality just about equals the point attained by the average Female Cancer Mortality in the previous decennium.

4. The Cancer Mortality experience of Ipswich definitely exceeds that of the country as a whole.

In 1926 the most frequent sites of Cancer were, the Intestines 17, Stomach 16, Uterus 11, Liver 10, and Rectum 10.

The age distribution of the deaths in 1926 corresponded closely with the averages. There is no local evidence of increase for either sex under

45 years of age. After that age the death-rate increases rapidly for both sexes, but chiefly males, to the age of 85, after which it drops materially.

So far as the sexes are concerned, the local cancer death-rates are very similar under 25 years of age and are very low.

From 25-45 years of age, the female death-rates exceed the male quite definitely and consistently, chiefly owing to the age incidence of Cancers of the Uterus and Breast.

Between 45 and 55 years of age, the male rate has risen very nearly to the level of the female.

From 55-85 years of age, the rates rise steeply for both sexes to the maximum at 75-85 years. At these ages, the male death-rate has caught up the female and passed it, practically since the beginning of this century.

In so far as the age distribution of Cancer is concerned, one of the most striking features of the local figures is the heavy increase recorded for persons over 70 years of age. I give a Table illustrating this fact :—

Period.	Death-rates from Cancer per 1,000 living over 70 years of age.		
	Males.	Females.	Persons.
1841—1850	285	1.297	.861
1851—1860	.460	2.142	1.440
1861—1870	3 589	2.860	3.157
1871—1880	3.117	3.311	3 230
1881—1890	3.707	4 386	4.098
1891—1900	4.972	4 970	4 971
1901—1910	8.208	8.034	8.106
1911—1920	11·300	10 754	10.962
1921—1925	12.458	10 673	11.345

At the present day about 31 per cent. of the male deaths from Cancer are over 70 years of age, 34 per cent. of the female, and 33 per cent. for both sexes.

The above Table shows that in round terms, since the '70's, the male death-rate from Cancer at all ages over 70 years has quadrupled, and the female more than trebled.

If the figures up to 1870 be disregarded—an attitude that can be adopted quite logically for reasons obvious and others not obvious—the fact is revealed that the sex mortality at the ages under consideration, was equal in the closing decennium of the 19th Century, a result due to the overtaking of the female mortality rate by the male. Since the beginning of this Century, the Male Cancer rate at these ages has advanced at a greater rate than the female, with a steadiness and consistency suggestive of some definite reason or reasons.

DEATHS FROM DISEASES OF THE RESPIRATORY SYSTEM.

152 deaths were registered from Diseases of the Respiratory System in 1926, as compared with 162, 124, 147, 181 and 125 respectively in the five preceding years.

The death-rate from the group was equal to 1.806 per 1,000 living, which was just below the average experience of the six years 1921-1926.

Of the deaths in 1926, 72 were ascribed to Pneumonia, 64 to Bronchitis, and 16 to other forms of Respiratory disease.

The following Table explains itself.

Period.	Respiratory Death-rates per 1,000 living.		
	Males.	Females.	Persons
1841—1850	3.689	3.061	3.356
1851—1860	3.847	2.968	3.379
1861—1870	3.674	3.055	3.375
1871—1880	3.810	3.038	3.394
1881—1890	3.659	2.782	3.193
1891—1900	3.677	2.776	3.187
1901—1910	2.387	2.138	2.247
1911—1920	2.357	2.033	2.189
1921—1925	1,800	1.815	1.808
1926	1,846	1.771	1.806

Thus the Mortality from Respiratory diseases for both sexes has been, during the last six years, by far the lowest recorded, and for the first time, the average Mortality experience of the two sexes has been practically identical.

The Table shows that from 1841-1920 the average experience was that the male death-rates from Respiratory Diseases consistently and considerably exceeded the female.

Since 1920, whilst the rate for females has fallen, that for males has fallen much more, for what reason it is very difficult to say.

Whilst sex is of importance in relation to Respiratory Mortality, age has a far greater influence.

There is a high Respiratory Mortality under 5 years of age, declining very sharply indeed from 5-10 years, and reaching its lowest point at the 10-15 age period. Thereafter, it rises slightly between 15 and 35 years of age, then more steeply up to 65 years, after which, it becomes one of the great killing agencies, the fatality increasing rapidly with advancing years.

I give a Table showing the age distribution of the deaths from Respiratory Diseases according to 12 selected age periods since the beginning of this Century only.

Ages.	1901 to 1910.	1911 to 1920	1921 to 1925.	1926.
5	8.54	6.90	4 24	3.66
10	.38	.44	.27	.41
–15	.07	.19	.10	—
–20	.16	.23	.22	—
–25	.18	.27	.24	.15
25–35	.37	.27	.26	.31
35–45	.54	.77	.53	.66
45–55	1.49	1.07	1.14	1.24
55–65	3.25	3.02	1.92	4.21
65–75	9.25	9.74	8.98	6.39
75–85	21.48	22.89	23.30	17.37
85+	27.58	47.87	47.49	66.11
All ages	2.25	2.19	1.82	1.80

In general terms, Pneumonia is more fatal to the young and Bronchitis to the old.

Table showing the age distribution of the death-rates from Bronchitis and Pneumonia since the beginning of this Century (Persons).

Age Period.	Bronchitis.			Pneumonia.		
	1901 to 1910	1911 to 1920.	1921 to 1925	1901 to 1910	1911 to 1920.	1921 to 1925
5	3 98	2.90	1 19	3 80	3 72	2 86
10	.03	.12		.27	31	24
15	.01			.05	17	05
20	.03	.01		.07	17	19
25			.03	.13	24	18
35	.04	.02		.28	22	22
45	.02	.17	.08	.43	51	41
55	.33	.37	.30	.79	.53	69
65	1.56	1.07	1.10	1.24	1 52	55
75	5.42	5.28	6.45	2.93	3 71	1 88
85	15.21	17.09	17.81	4.61	4 65	3 88
+85	25.48	41.24	38.53	9.55	6 16	3 58
All ages	1.085	1.070	.986	.924	972	68

The Table shows the case very clearly. Bronchitis is seen to be of little importance as a cause of death between 5 and 45 years of age, but it requires special care in children under 5 years, and should be avoided, if at all possible, by persons over 55 years of age, who are rather apt to talk about a " touch of Bronchitis." I repeat the warning that Bronchitis over 55 years of age should be looked upon and treated as one of the killing diseases.

Pneumonia, on the other hand, is seen to be definitely more fatal than Bronchitis under 5 years of age.

From 5-55 years, the Pneumonia death-rate is very much in excess of that of Bronchitis at all the age periods, even at 10-15.

After 55 years of age, though the Pneumonia death-rate rises quite rapidly, it does not rise to anything like that recorded for Bronchitis.

A degree of Bronchitis is a common condition amongst old people, but the line of demarcation between the innocuous and the harmful, is by no means clear cut, and the apparently inconsiderable can rapidly change its character under suitable conditions, to the very considerable indeed.

On the other hand, Pneumonia is an acute process, even in the old, and experience shows that old people do not stand the acute processes that can be fatal to young and virile individuals. Therefore, we are forced to the logical conclusion, that the reason why Pneumonia does not kill old people at a greater rate than Bronchitis is because it is less frequent. Pneumonia is a disease to be watched with scrupulous care at all ages.

There is nowadays a well-marked tendency to ascribe deaths from Pneumonia to the Broncho-Pneumonic variety, in preference to the use of the simple term Pneumonia, and no doubt also by transfer from Bronchitis and the vague group of Congestion of the Lungs. This last group has declined very steadily for years, the term having been abandoned as describing a cause of death by the great majority of Practitioners.

DISEASES OF THE HEART.

During the period 1921-1926 inclusive, Diseases of the Heart were credited with 587 deaths (271 males and 316 females) or 10.8 per cent. of the total deaths from all causes at all ages. Obviously, therefore, the group constitutes one of the principal agencies in the production of the general death-rate.

Apart altogether from the liability to fatal results, Diseases of the Heart inflict heavy economic losses on the community on account of the degree of disablement for prolonged periods from which the victims suffer. Further, the sufferings of children and young persons from these diseases (in such cases almost entirely Rheumatic in origin) are of such a nature as to call for very close examination of the whole problem with a view to the accurate elucidation of the causal factors of the diseases and the institution of the steps necessary to minimise the disabling effects.

Experience has shown that whilst the question of cure must remain unanswered or answered in the negative, amelioration by appropriate management is a practical proposition, with resulting improvement in the economic position of the sufferers.

It should be borne in mind that whilst the actual number of deaths referred to Diseases of the Heart is very considerable, the mortality returns do not indicate the whole case. There are many persons who have a degree of inefficiency from Heart Disease productive of economic loss to themselves and the State who do not die from the actual Disease of the Heart but from some other condition altogether. Further, cases of Heart Diseases do survive to the higher ages as the mortality returns of these Diseases show very clearly indeed In such cases there is a tendency for the fatal issue to be preceded by years to invalidism the direct effect of the diseased condition.

As already stated, Diseases of the Heart amongst young people are associated very closely indeed with Rheumatism, so much so that at these ages the expression Heart Disease connotes Rheumatism. On the other hand, at the higher ages, 50 or thereabouts, Heart Diseases, whilst in many cases of Rheumatic origin dating from earlier years, include a great group of degenerations of the Heart muscle itself, producing a diseased condition just as crippling and disabling and just as likely to be fatal as in the case of the true Rheumatic Heart lesion.

Without entering into details, local experience of the age incidence of the deaths from Diseases of the Heart shows two distinct periods, viz., under and over 45 years of age. Thus in the 6 years 1921-1926. 55 deaths occurred under 45 years of age, as compared with 532 over 45. In other words, in round figures, 9 per cent. of the deaths from Heart Diseases were under 45 years of age, and 91 per cent. over.

The following table illustrates the different groups of Heart Diseases concerned in the above figures divided according as the deaths were over or under 45 years of age and also according to sex.

Nature of Heart Affect	-45.			45+			All Ages.		
	M.	F.	P.	M	F.	P.	M.	F.	P
Pericarditis	1	—	1	2	—	2	3	—	3
Endocarditis	4	7	11	1	2	3	5	9	14
Angina Pectoris ...				10	5	15	10	5	15
Valvular Heart Disease	17	16	33	108	140	248	125	156	281
All other Heart Diseases	4	6	10	124	140	264	128	146	274
Total all Heart Diseases	26	29	55	245	287	532	271	316	587

These groups are arranged according to the International list 1921.

At all ages these figures show an average mortality experience of 1.17 per 1,000 living for males, of 1.21 for females and 1.19 for persons.

The nature of the Heart lesions included in the group of Heart Disease proper is exhibited as follows.

Heart Lesions.	1921 List Nos.	Males.	Females.	Persons.
Aortic Disease	90.1	28	20	48
Mitral Disease	90.2	40	71	111
Aortic and Mitral Disease	90.3	2	3	5
Valvular Heart Disease	90.4	55	62	117
Fatty Heart	90.5	12	11	23
Dilatation of Heart ...	90.6	6	6	12
Myocardial Diseases ...	90.7	52	54	106
Disordered Heart Action	90.8	3	7	10
Heart Disease (undefined)	90.9	55	68	123
TOTALS	...	253	302	555

Thus we see that degenerations of the muscle of the Heart (90.7) accounted for nearly as many deaths as were ascribed to Mitral Disease and that undefined Diseases of the Heart (90.9) were credited with almost as many deaths as Valvular Disease (90.4).

Thus whilst the causes of Rheumatism and its sequela Valvular Heart Disease in young persons is of great importance, no less important is the causation of the great group of muscular degenerations which have been shown to be responsible for a large proportion of deaths from Heart Disease over 45 years of age.

CEREBRAL HÆMORRHAGE, CEREBRAL THROMBOSIS AND CEREBRAL EMBOLISM.

In the 1921 classification these three conditions are grouped together, rightly, to form the Cerebral Hæmorrhage or Apoplexy group. The group includes some of the most disastrous of the diseases affecting persons over 45 years of age, not only from the point of view of fatality but from the disabling and crippling effects that follow in their wake.

These are pre-eminently diseases of degeneration, and they increase as age advances.

They are the cause of great individual suffering and of heavy economic loss to the State, partly from the loss of earning power on the part of those recovering, more or less, from an attack, and partly from the maintenance of those permanently and totally incapacitated.

They are, therefore, conditions worthy of very close examination. They are evidence of long continued disease processes in the Blood vessels of those affected, processes which in themselves connote degenerations in varying degree.

Healthy Blood Vessels (an essential of healthy life) do not rupture, and thus produce Apoplexy, nor are they subject to Cerebral Thrombosis or Embolism.

The following table illustrates the degree to which the group contributes to the production of the local death-rate. For practical purposes the whole of the deaths are of persons over 45 years of age.

Year	Cerebral Hæmorrhage			Cerebral Thrombosis and Embolism.			Totals.		
	M.	F.	P.	M.	F.	P.	M.	F.	P.
1921	34	22	56	5	3	8	39	25	64
1922	26	27	53	5	5	10	31	32	63
1923	15	32	47	4	2	6	19	34	53
1924	20	32	52	5	7	12	25	39	64
1925	22	30	52	5	3	8	27	33	60
1926	33	31	64	6	6	12	39	37	76
TOTAL	150	174	324	30	26	58	180	209	380
Death-rates per 1,000 living 1921-1926.	646	666	657	129	099	113	775	766	771

Thus it would seem that there are about six cases of Cerebral Hæmorrhage to one of Cerebral Thrombosis and Embolism.

The group was responsible for 7.04 per cent. of all the deaths registered at all ages between 1921 and 1926 inclusive. It constitutes therefore one of the great killing groups of disease amongst persons over 45 or 50 years of age.

It joins with the Respiratory Diseases, Bronchitis and Pneumonia, Diseases of the Heart, Cancer and Tuberculosis.

DEATHS FROM VIOLENCE.

The Death-rates from the various forms of violence in Ipswich since 1841, including Suicides, are exhibited thus :—

Period.	Death-rates per 1 000 living.		
	Males.	Females.	Persons.
1841—1850	89	.25	55
1851—1860	.88	38	61
1861—1870	87	26	56
1871—1880	.76	.20	47
1881—1890	.75	23	47
1891—1900	.78	29	52
1901—1910	73	29	50
1911—1920	73	36	54
1921—1925	58	26	42
1921	60	37	48
1922	52	18	34
1923	67	25	45
1924	61	31	15
1925	57	22	34
1926	55	14	49

42 deaths (22 males and 20 females) were referred to Violence (including Suicides) in Ipswich in 1926, as compared with 29, 38, 27, 28 and 39 respectively in the five preceding years.

The male deaths in 1926 were rather below the average, and the females considerably above.

Five of the deaths from Violence in 1926 were Suicides (2 males, 3 females).

Three of the Suicides were from coal gas poisoning.

Between the beginning of 1921 and the end of 1926, 213 persons died from Violence in Ipswich; of these 46 committed Suicide.

There were thus 167 deaths from all other forms of Violence. Of this latter total 41 died as a result of Vehicular Violence, or 25 per cent of the total.

The deaths from Vehicular Violence included 27 from Motor Cars, Motor Lorries, or Motor Cycles, 2 from Tram-cars, 7 from Railway accidents, and 5 from the ordinary Push Bicycle. There were no fatal accidents from Horse traffic.

These figures deserve very serious consideration from the authorities responsible for traffic control.

PUERPERAL MORTALITY, 1926.

It has been established in previous Reports tnat the average Puerperal Mortality experience of Ipswich indicates that 4 women will die in giving Birth to 1,000 Infants.

In 1926 9 women died in giving Birth to 1,540 Infants, a Maternal Mortality equal to 5.84 per 1,000 Births.

The causes of death were Puerperal Sepsis 3, Puerperal Eclampsia 3, Puerperal Hæmorrhage 1, Pulmonary Embolisim 1, Shock 1.

One of the deaths from Puerperal Sepsis was an inward transfer. There were thus 2 local deaths from Puerperal Sepsis out of 12 cases notified in Ipswich, the equivalent of a case Mortality of 16.6 per cent.

The following Table shows the behaviour of Puerperal Fever as exhibited by notifications and deaths since 1891 :—

Decennium.	Notification.		Deaths.		Case Fatality per cent.
	Nos.	Rates	Nos.	Rates.	
1891 – 1900	39	2.19	28	1.57	71.8
1901 – 1910	26	1.38	12	.63	46.1
1911 – 1920	54	3.26	23	1.39	42.6
1921 – 1925	60	7.77	12	1.55	20.0
1921	5	2.90	3	1.74	60.0
1922	5	3.15	1	.63	20.0
1923	10	6.46	2	1.29	20.0
1924	21	14.68	2	1.39	9.0
1925	19	13.37	4	2.81	21.0
1926	12	7.79	2	1.30	16.6

From this it appears that (excluding the inward transfer) the notification rate per 1,000 Births for Puerperal Sepsis for 1926 was equal to the average of the previous 5 years, whereas the death-rate was lower and the case mortality per cent. was amongst the best recorded. There is, however, good reason for the belief that all statistics dealing with Puerperal Fever are unreliable and misleading.

Six of the cases were removed to the Isolation Hospital, and all recovered. Three were removed to the East Suffolk and Ipswich Hospital, and 1 died. Three cases were treated at home, with 1 death.

Thus 75 per cent. of the cases notified were provided with Institutional treatment.

INFANT MORTALITY.

The following Table gives the Infant Mortality experience of Ipswich since 1841, together with the corresponding figures for England and Wales :—

Years.	Ipswich. No. of Deaths.	Death-rates. Ipswich.	 England & Wales.	Proportional Rates.
1841—1850	1,658	176	153	100
1851—1860	2,053	172	154	97
1861—1870	2,123	159	154	90
1871—1880	2,393	152	149	86
1881—1890	2,331	136	142	77
1891—1900	2,763	155	153	88
1901—1910	2,367	126	128	71
1911—1920	1,505	91	100	51
1921—1925	471	61	—	35
1901	320	168	151	95
1902	224	119	133	67
1903	271	138	132	78
1904	270	140	145	79
1905	283	145	128	82
1906	272	142	132	80
1907	194	104	118	59
1908	198	109	120	62
1909	162	90	109	51
1910	173	96	105	54
1911	181	102	130	58
1912	195	111	95	63
1913	174	96	108	55
1914	188	104	105	59
1915	152	94	110	52
1916	135	81	91	46
1917	120	91	96	51
1918	115	83	97	47
1919	100	70	89	40
1920	145	72	80	41
1921	128	74	83	42
1922	85	53	77	30
1923	79	51	69	29
1924	75	52	75	29
1925	104	73	75	41
1926	70	45	70	25

Thus the Infant Mortality of the Borough for the year 1926 was the lowest recorded in its known history. The figure given for 1926 is one which, in consideration of the industrial conditions affecting large numbers of people in this old town, is really astonishing, and suggests the question as to what Infant Mortality figures could be attained in a modern Health Resort.

There are in Ipswich areas of considerable size in which the property is old, and much of it definitely insanitary in quality, densely crowded on area and densely populated with the most impoverished section of the community. In spite of these facts, it is possible to record an Infant Mortality of 45 per 1,000 births in 1926, and an average of 58 per 1,000 births for the 6 years 1921-1926. Both of these figures are outside all previous experience.

In the past Infant Mortality was caused by the prevalence of the Wasting Disease of Infancy, viz., Atrophy, Debility, Marasmus, Premature Birth, Infantile Diarrhœa, which up to recent years was a veritable summer plague in Ipswich, Convulsions, which were responsible for a large number of deaths, and Bronchitis and Pneumonia.

At the present day the chief causes of Infant Mortality are Marasmus, Premature Birth, Bronchitis and Pneumonia. The group of Atrophy, Debility and Marasmus has fallen to a very great extent indeed, whilst Diarrhœa is a mere shadow of its former self. Convulsions (a convenient but nebulous term) are seldom given now as a primary cause of death.

The meaning of all this can be summed up in a phrase, "The more intelligent management of Infancy by an instructed community of Mothers." This is the very essence of the fact.

To a very large extent, this is due to the work done for Infant Welfare by Infant Welfare Centres, but at the same time the less showy but no less material work done by Sanitary Authorities in the improvement of the General Sanitation of areas, has rendered the direct personal work of the Centres infinitely more effective. In illustration, Ipswich at the beginning of this century had several thousand Privy Middens to pollute its atmosphere, poison the environment of its citizens, and slay its infants by Zymotic Diarrhœa, and its older inhabitants by Typhoid Fever. These conditions exist no longer, and therefore their necessary concomitants have disappeared to the extent to which these abominations were responsible (vide sections dealing with Typhoid Fever and Diarrhœa).

Thus, with improvement in housing and general sanitary conditions, the gradual progressive elimination of slums, the continued efforts to educate the Public by the work of Infant Welfare Centres, Health Weeks, etc., it is possible to envisage a stage in the evolution of society in which every infant born should have a decent chance of survival if it has chosen intelligent parents. The unfortunate fact will remain always that unintelligent, unteachable (because unintelligent) people will still have children and destroy them in the attempt to save their lives.

It would thus appear that the problem of Infant Mortality at the present day has shifted its base. Assuming the continuance and, if need be, the intensification of the campaign on its present lines, we are now confronted with a problem which is concentrated in the events taking place in the first few weeks of life.

The problem for solution to-day includes the Ante-Natal period, the birth risk, and the critical period of the first month of actual life.

We must expect an appreciable rate of mortality from certain diseases amongst young infants in certain cases. Thus Measles, Whooping Cough and Influenza will continue to kill young infants if they get Bronchitis or Pneumonia, and therefore epidemics of these diseases will always vary Infantile Mortality. But even in these cases very great good results from visits by trained and experienced nurses who can advise as to the management of the cases so as to prevent Bronchitis and Pneumonia.

Zymotic Diarrhœa will still claim some victims amongst the young, and there will always be the inevitable accident in the way of either disease or violence.

Malformations, the obvious as well as the concealed, will levy an inevitable toll.

Nevertheless, there is ample evidence not only from the age at death of the infants born alive, but also from the mortality of potential lives revealed by the number of Stillbirths, that there is something either Maternal or Infantile, which in the case of a very considerable number of infants, renders continued life either impossible or highly precarious.

The fact that Infant Mortality, over three months of age, has been reduced to extremely small proportions, is a tribute to the success of the management of *viable* infants.

There has been no corresponding reduction under three months of age, and it is especially true that the nearer we approach the day of birth the less is the reduction in the Mortality. This, along with Stillbirths, suggests that there are factors, intrinsic to the case, requiring close investigation.

Thus, the question of Prematurity as a cause of death after birth may be viewed along with the question of Stillbirth as a cause of death before birth. I have shown in another part of this Report that Stillbirths locally occur in about 3.6 per cent. of the total births.

The causes of Stillbirth are referred to in the part of the Report specially dealing with this condition.

Premature Birth is one of the great causes of Infant Mortality, and is given as the definite cause of death in 16 per cent. of the total Infant Death-rate in 1926. But many premature infants survive, and thus arises the question as to why some premature infants survive and many die. Here we come back quite definitely to intelligent management at the outset. This will not be successful always, but it makes a very great deal of difference.

From the Table given below it will be seen that over 55 per cent. of the infant deaths in 1926 were under four weeks of age, and 75 per cent. under three months.

Thus we have the position at the moment that some 5,000 potential lives had a mortality of 32.8 per 1,000 from Stillbirth, and that in 1926 there was an Infant Mortality of 45 per 1,000 live births, 75 per cent. of which occurred in the first three months of life. Of the mortality during the first three months of life 74 per cent. was due to the wasting diseases of Infancy, including Prematurity and Malformations.

These observations will suffice to focus attention on the problem of Infant Mortality at the present day.

AGE DISTRIBUTION OF INFANT DEATHS, 1926.

Disease.	—1 Week.			1—4 Weeks.			1—3 Months.			0—3 Months.			3—6 Months.			6—9 Months.			9—12 Months.			—1 Year.		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
Pertussis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	1	—	1
Diarrhœa ...	—	—	—	—	—	—	1	—	1	1	—	1	—	—	—	2	—	2	—	1	1	3	1	4
Influenza ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	1
Syphilis ...	—	—	—	—	—	—	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1
Septicaemia ...	—	—	—	—	—	—	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1
Purpura ...	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1
Convulsions ...	—	—	—	—	—	—	1	—	1	1	—	1	—	—	—	1	—	1	—	—	—	2	—	2
Heart Disease ...	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1
Bronchitis ...	—	—	—	—	—	—	1	—	1	1	—	1	1	—	1	—	—	—	1	—	1	3	—	3
Broncho Pneumonia ...	—	—	—	—	—	—	1	—	1	1	—	1	2	2	4	—	—	—	—	—	—	3	2	5
Congestion of Lungs ...	—	—	—	—	1	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1
Intestinal Obstr.	—	—	—	—	—	—	—	1	1	—	1	1	—	—	—	—	1	1	—	—	—	—	2	2
Peritonitis ...	—	—	—	—	—	—	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1
Diseases of Bones	—	—	—	—	—	—	1	—	1	1	—	1	—	—	—	—	1	1	—	—	—	1	1	2
Malformations ...	4	—	4	1	2	3	1	—	1	6	2	8	—	—	—	1	—	1	—	—	—	7	2	9
Marasmus, etc. ...	5	2	7	3	3	6	1	2	3	9	7	16	1	—	1	—	—	—	1	—	1	11	7	18
Prematurity ...	4	2	6	2	2	4	—	1	1	6	5	11	—	—	—	—	—	—	—	—	—	6	5	11
O D Early Infancy	3	—	3	—	1	1	—	—	—	3	1	4	—	—	—	—	—	—	—	—	—	3	1	4
Suffocation ...	1	1	2	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—	1	1	2
TOTAL ...	19	5	24	6	9	15	9	5	14	34	19	53	4	2	6	5	2	7	3	1	4	46	24	70

TWIN MORTALITY.

The Death-rates of Twin Infants are shown in the following Table for each year since 1921 :—

Year.	No. of Twin Deaths under 1 year.	No. of Twin Deaths over 1 year.	Twin Death-rates per 1,000 Twin Births.	
			Under 1 year.	All ages
1921	10	—	333	333
1922	7	—	194	194
1923	5	—	161	161
1924	12	—	343	343
1925	19	2	365	404
1926	5	2	185	259
TOTAL	58	4	275	294

The Table indicates that none of the Twins born between 1921 and 1924 who survived their first year, have died up to date, whereas 2 of those born in 1925 died in their second year of life, and 2 of those born in 1926 (so far).

The causes of death amongst these elder twins were, in three cases, Broncho Pneumonia, and in one, Congenital Malformation of the Heart.

The Mortality experience of Twin Infants is compared with that of other infants thus :—

Year.	Mortality per 1,000 Births.				
	Twin Infants.	Single Infants.	Legitimate.	Illegitimate.	All Infants.
1921	333	69	71	117	74
1922	194	50	51	102	53
1923	161	48	49	82	51
1924	343	45	55	—	52
1925	365	63	72	92	73
1926	185	43	45	52	45
Averages	275	53	57	80	58

Thus, the average Twin Mortality is 5 times heavier than that of single infants, to say nothing of Stillbirths. Further, Twin Births are seen to be a far greater cause of mortality than illegitimacy.

The following Table illustrates the Sex Mortality of Twins, and is arranged to show, in addition, the relation of the Mortality experience to the sex distribution of the Twin Births. The figures apply to the period 1921-1926 inclusive :—

Class.	No. of Infants born alive.	No. of deaths under 1 year.	Death-rates per 1,000 Births.	No. of cases in which both infants died.
Twin Boys	68	24	353	7
Twin Girls	58	17	293	7
Boy and Girl	70	14	200	6
All others	15	3	200	—
TOTAL	211	58	275	20

Thus, it would appear that twins of the same sex are more liable to death than those of opposite sexes.

Obviously, Male Twins are far more liable to death than female, and boy and girl twins, less than either. Probably these proportions will adjust themselves as numbers accumulate.

The total sex mortality of Twins may be exhibited thus in comparison with that of single infants :—

1921- 1926 Period.	Death-Rates per 1,000 Births.		
	Males.	Females.	Infants.
Twin Infants ...	295	252	275
Single Infants ...	64	43	53
All Infants ...	69	47	58

This Table emphasises the high mortality of Twin boys as compared with that of all Male Twins.

MORTALITY FROM TUBERCULOSIS IN INFANCY.

The following statement shows the case from the statistical point of view :—

Varieties of Tuberculosis.	Period.					
	1881 1890	1891 1900	1901 1910	1911 1920	1921 1926	1881 1926
Abdominal Tuberculosis	60	34	15	12	—	121
Cerebral ,,	41	21	15	16	5	98
General ,,	6	5	17	8	—	36
Pulmonary ,,	12	2	6	3	1	24
All other Forms ,,	2	13	7	2		24
TOTAL	121	75	60	41	6	303
Death rate per 1000 Births	7 07	4.21	3.19	2.48	65	3 81

The Table indicates that Tuberculosis as a cause of death in Infancy has ceased to bulk. No doubt increasing accuracy in diagnosis and certification of causes of death play a part in the remarkable diminution recorded, but the claim can be made that actual reduction plays even a greater part.

I think that the available evidence can, and should, be interpreted as proving that Tuberculosis at the present day is no longer a serious factor in the production of the Infant Mortality rate.

STILLBIRTHS.

The frequency of Stillbirth is indicated in the following Table, in which the total births attended by Midwives between 1921 and 1926 are contrasted with the Stillbirths notified by Midwives during the same period :—

Period.	Live Births.	Still Births.	Total Births.
1921-1926	4,767	162	4,929

From this it is seen that 3.28 per cent. of the total potential infants were stillborn. In other words the Infantile Mortality Rate represented by the group of Stillbirths was equal to 32.8 per 1,000 potential lives. This is an arresting figure, all the more so as it does not include the life wastage due to abortions and miscarriages.

Whether the figure represents a true average or an accidental it is difficult to say, but as nearly 5,000 infants are concerned over a period of 6 years, it is not improbable that it gives a fair working index of existing conditions.

The causes of Stillbirth are numerous, but they may be classed under four great heads :—

1. Maternal Disease, with particular emphasis on Syphilis.
2. Fœtal deaths due to attempts to interrupt the course of Pregnancy.
3. Deaths from various causes during the actual process of Birth.
4. Malformations and conditions of the fœtus incompatible with continued existence

There are no reliable figures as to the frequency of abortion and miscarriage, but if it be assumed that these accidents are no less frequent than the accident of Stillbirth, we arrive at an Ante-natal Mortality Rate as high as that of the actual rate recorded during the first year of life at the present day.

Further light is shed on this matter by the experience of the Maternity Home during the six years 1921-1926.

498 women were admitted to the Home, and delivered of 498 infants, of whom 18 were stillborn. Thus 3.61 per cent. of the single infants were stillborn.

5 women were delivered of twins, of whom 3 were stillborn (one case both infants) or 30 per cent.

In all 503 women were delivered of 508 infants, of whom 21 were stillborn or 4.13 per cent.

Thus the Stillbirth Mortality Rate in the Home was 36.1 per cent. per 1,000 potential lives in the case of single infants, 300 in the case of twin infants, and 41.3 for all infants.

The nature of the cases admitted to the Maternity Home is, of course, not altogether comparable with that of those attended by the Midwives, and therefore the above figures should not be viewed as absolutely relative.

INFECTIOUS DISEASES.

NOTIFICATIONS OF INFECTIOUS DISEASE IN 1926.

In the following Table the notifications received during 1926 are compared with those of the previous 5 years collectively and individually.

Diseases Notified	Years.					1921 1925.		1926.	
	1921	1922	1923	1924	1925	Numb'r	Rates.	Numb'r	Rates.
Chicken Pox ...	406	117	506	651	502	2182	5.34	1080	12 83
Diphtheria ...	441	146	94	20	35	736	1.80	13	15
Scarlet Fever ...	73	126	127	125	130	581	1.42	124	1.41
Pneumonia ...	78	169	79	62	155	543	1.33	95	1.13
Erysipelas ...	21	18	21	32	28	120	29	22	.26
Puerperal Fever ...	5	5	10	21	19	60	15	12	14
Ophthalmia Neonatorum ...	18	17	7	10	1	53	.13	11	13
Enteric Fever ...	5	3	4	3	19	34	08	4	.04
Malaria	9	9	—	1	—	19	05	2	.02
Encephalitis Lethargica ...	3	—	—	1	4	8	02	3	.03
Anterior Poliomyelitis	5	—	1	1	1	8	.02	—	—
Cerebro-Spinal Fever	3	—	—	—	4	7	02	2	02
Dysentery ...	2	—	—	—	—	2	.004	—	—
Acute Polio Encephalitis ...	1	—	—	—	—	1	002		—
Puerperal Pyrexia	—	—	—	—	—		—	2	02
TOTAL ...	1070	610	849	927	898	4351	10.65	1370	16.27

Apart from Chicken Pox and Diphtheria the Table shows that the experience of 1926 was quite close to the average of the previous 5 years.

CHICKEN POX in 1926 accounted for just under 79 per cent. of all the cases notified. The disease was very prevalent indeed in the first half of the year, but declined to a large extent towards the end.

SCARLET FEVER.

SCARLET FEVER corresponded very closely with the average experience of the previous 5 years.

The notification rate of Scarlet Fever since its commencement in 1891 is exhibited as follows:—

Period.				Notification Rates.
1891—1900	...	...	...	4.27
1901—1910	...	...	...	1.60
1911—1920	...	...	...	3.51
1921—1925	...	...	...	1.42
1921	...	...	...	.90
1922	..	..	...	1.55
1923	...	...	...	1.55
1924	...	..	...	1.51
1925	...	...	...	1.56
1926	...	...	...	1.47

The rates recorded for the last 5 years are extraordinarily close.

The type continued extremely mild on the whole, very few cases showing any degree of severity.

There were no fatal cases, thus repeating the experience of 1925. 109 were removed to Hospital, or 87 per cent.

DIPHTHERIA.

DIPHTHERIA in 1926 provided the lowest rate recorded since the commencement of notification.

The Diphtheria incidence of the Borough is exhibited in the following Table:—

Period.				Notification Rates per 1,000 living.
1891—1900	...	...	...	.86
1901—1910	...	...	...	1.12
1911—1920	...	...	...	2.32
1921—1925	...	...	...	1.80
1921	...	...	...	5.47
1922	...	...	...	1.79
1923	...	...	...	1.14
1924	...	...	...	.24
1925	...	...	...	.42
1926	...	...	...	.15

Thus, the disease, at the present time, may be considered as having reached its lowest degree of prevalence locally. It is difficult to find satisfactory reasons for the present experience, although Isolation in

Hospital, Disinfection, Swabbing of contacts, the detection of carriers and their isolation, can be quoted with justification as having had their own influence. Further, Medical Practitioners make full use of Bacteriological examinations in cases of suspicious throats, so that the chance of a case escaping notice is thereby considerably diminished. In this relation the School Clinic and the Infant Centre have proved of great value in the detection of the real cause of cases of Sore Throat brought for examination, the great majority of such cases never having been seen by a Doctor. In the old days such cases of Diphtheria often went unrecognised and untreated. Some of these became carriers and had a definite influence in the spread of the disease, especially in the case of school children, for obvious reasons.

The type of Diphtheria in this locality of recent years has been on the whole mild, a fact which is favourable to increased prevalence owing to the liability to missed cases, and the consequent tendency to the production of carriers. Whilst this is so, it must not be thought that the type is so mild as to encourage the belief that the disease is likely to die out for this reason. Thus, in 1926 there were 13 cases with 3 deaths, 2 of which were genuine malignant Diphtherias, whilst the other was a case of genuine Post Diphtheretic Cardiac Paralysis. The case Mortality was thus 23 per cent., the highest recorded for many years. These facts do not suggest that virulence is so attenuated as to account for the paucity of cases.

ENTERIC FEVER.

Four cases only were notified in 1926. Of these 3 were Para-Typhoid B.

The cases occurred at different periods of the year, were not in any way related to one another, and in no case was the source detected. Three were treated in Hospital and one at home.

All recovered.

The following Table compares the notification rates for Enteric Fever since the beginning of notification.

Period	Notification Rates per 1,000 living.
1891—1900	1.51
1901—1910	.68
1911—1920	.10
1921—1925	.08
1921	.06
1922	.03
1923	.05
1924	.03
1925	.23
1926	.04

PUERPERAL FEVER.

Twelve cases of Puerperal Fever were notified in 1926, as compared with 19, 21, 10, 5 and 5 respectively in the preceding five years. Two cases of Puerperal Pyrexia were notified in the last quarter of the year. Both of these cases were Phlegmasia, and both made excellent recoveries. One was removed to Hospital.

The following Table indicates the position of Puerperal Fever in Ipswich since the commencement of notification :—

Decennium.		Notification. Nos.	Rates.
1891—1900	...	39	2.19
1901—1910	...	26	1.38
1911—1920	...	54	3.26
1921—1925	...	60	7.77
1921	...	5	2.90
1922	...	5	3.15
1923	...	10	6.46
1924	...	21	14.68
1925	...	19	13.37
1926	...	12	7.77

ERYSIPELAS.

Twenty-two cases, equal to a notification rate of .26 per 1,000 living, were notified during 1926. This is practically an average experience.

The retention of Erysipelas in the notification list is quite indefensible from either the scientific or the unscientific point of view.

SMALL POX.

The last case notified in Ipswich occurred in 1902.

ENCEPHALITIS LETHARGICA.

Three cases were notified in 1926 as compared with 4 in 1925 and 1 in 1924.

None of the cases were in any way related, and no Epidemiological factor was evident.

Two occurred in January, and one in February.

Two were females, one male.

All the cases were fatal.

CEREBRO-SPINAL FEVER.

Two cases were notified and proved in 1926, as compared with four in 1925.

Both cases were females 28 years of age. Both occurred at the end of April. Neither case was related in any way. Both were fatal.

ANTERIOR POLIOMYELITIS AND ACUTE PELIO ENCEPHALITIS.

No cases of either of these diseases were notified in 1926.

If the combined table be referred to it will be seen that only three cases of Infantile Paralysis have been notified since 1921.

OPHTHALMIA NEONATORUM.

Eleven cases were notified in 1926, as compared with an average of 10.6 for the previous five years.

PNEUMONIA.

Ninety-five cases were notified in 1926, as compared with an average of 108.6 for the previous five years.

The notification rate for 1926 was equal to 1.13 per 1,000 living, as compared with an average rate of 1.33 for the previous five years.

These figures are extremely fallacious, as the following Table shows :—

Year.	Notifications.	Deaths from :-			Case Fatality, per cent
		Influenzal Pneumonia.	Other Pneumonias.	Total.	
1921	78	6	61	67	86
1922	169	20	72	92	54
1923	79	1	53	54	68
1924	62	8	37	45	72
1925	155	6	58	64	41
1926	95	7	72	79	83
TOTAL	638	48	353	401	63

The table conclusively establishes the case that the notification of Pneumonia is not being carried out. It is ridiculous to accept figures proving that 63 per cent. of Pneumonias are fatal

TUBERCULOSIS.

NOTIFICATIONS OF TUBERCULOSIS SINCE 1909.

Year.	Pulmonary.			Non Pulmonary.			All Forms.		
	M.	F.	P.	M.	F.	P.	M.	F.	P.
1909	41	23	64	—	—	—	41	23	64
1910	29	15	44	—	—	—	29	15	44
Average	35	19	54	—	—	—	35	19	54
1911	75	57	132	—	—	—	75	57	132
1912	178	152	330	—	—	—	178	152	330
1913	112	88	200	58	52	110	170	140	310
1914	98	58	156	18	23	41	116	81	197
1915	60	56	116	18	20	38	78	76	154
1916	91	77	168	19	17	36	110	94	204
1917	77	78	155	18	12	30	95	90	185
1918	81	97	178	16	18	34	97	115	212
1919	82	82	164	26	39	65	108	121	229
1920	70	67	137	39	36	75	109	103	212
Average	92.4	81.2	173.6	21.2	21.7	42.9	113.6	102.9	216.5
1921	173	131	304	41	35	76	214	166	380
1922	90	65	155	23	21	44	113	86	199
1923	72	61	133	38	36	74	110	97	207
1924	72	69	141	24	28	52	96	97	193
1925	72	74	146	34	32	66	106	106	212
1926	55	68	123	41	35	76	96	103	199
Average	89	78	167	33.5	31.1	64.6	122.5	109.1	231.6

From the above it is evident that the numbers of cases of Pulmonary Tuberculosis now being notified are definitely less than they were. Thus the average notification rate for the period 1911-1920 was 2.27 per 1,000 living, whereas in the period 1921-1926 the rate dropped to 2.03 per 1,000 living, a fall of 11 per cent. This is not quite true, however, since the notifications of 1921 included many who belonged in reality to the previous decennium, so that the discrepancy is really greater than 11 per cent.

On the other hand, the notifications of Non-Pulmonary Tuberculosis have increased during the last few years as compared with the previous decennium, with the result that the notification rate of all forms of Tuberculosis for 1921-1926 was 2.81 per 1,000 living, as compared with 2.83 in 1911-1920. Thus the total average rates are practically identical.

Legitimate exception may be taken to comparison between the rates obtained at the inauguration of a system of notification in the case of such a chronic disease as Tuberculosis, with those recorded a few years after its commencement.

In spite of this the local evidence, both from the notification rates and death-rates, points definitely in the one direction.

TUBERCULOSIS.

NOTIFICATION RATES SINCE 1909.

Year.	Pulmonary.			Non-Pulmonary.			All Forms.		
	M.	F.	P.	M.	F.	P.	M.	F.	P.
1909	1.19	.60	.88	—	—	—	1.19	.60	.88
1910	.83	.38	.59	—	—	—	.83	.38	.59
Average	1.01	.49	.73	—	—	—	1.01	.49	.73
1911	2.13	1.46	1.79	—	—	—	2.13	1.46	1.79
1912	5.00	3.85	4.54	—	—	—	5.00	3.85	4.54
1913	3.12	2.21	2.64	1.61	1.30	1.45	4.73	3.52	4.09
1914	2.70	1.44	2.04	.49	.57	.53	3.19	2.01	2.57
1915	1.64	1.38	1.51	.49	.49	.49	2.14	1.88	2.00
1916	2.50	1.90	2.20	.52	.41	.46	3.02	2.32	2.65
1917	2.11	1.92	2.01	.49	.29	.38	2.61	2.21	2.40
1918	2.22	2.38	2.30	.43	.44	.44	2.66	2.82	2.75
1919	2.24	2.00	2.11	.71	.95	.83	2.95	2.95	2.95
1920	1.89	1.61	1.74	1.05	.86	.95	2.94	2.48	2.70
Average	2.55	2.01	2.28	0.72	0.66	0.69	3.13	2.55	2.88
1921	4.59	3.08	3.79	1.08	.82	.94	5.67	3.90	4.74
1922	2.36	1.51	1.91	.60	.48	.50	2.96	2.00	2.45
1923	1.87	1.40	1.62	.98	.83	.90	2.86	2.24	2.53
1924	1.85	1.57	1.70	.61	.63	.62	2.48	2.21	2.33
1925	1.84	1.67	1.75	.87	.72	.79	2.76	2.36	2.55
1926	1.39	1.52	1.46	1.06	.76	.903	2.45	2.28	2.36
Average	2.31	1.79	2.04	0.86	0.70	0.77	3.19	2.49	2.82

This Table reveals the fact that the notification rate of Pulmonary Tuberculosis was the lowest since 1911, the year upon which complete notification of all forms of Tuberculosis began locally.

The male excess, both for the Pulmonary and Non-Pulmonary varieties of the disease, is evidently an average experience locally as well as elsewhere.

AGE AND SEX DISTRIBUTION OF THE NOTIFICATIONS OF TUBERCULOSIS, 1926.

Age	Pulmonary.			All other forms.			Total 1926.			Total 1925 Persons.
	M.	F.	P.	M.	F.	P.	M.	F.	P.	
— 1	—	—	—	—	—	—	—	—	—	1
1 — 5	-	—	—	9	8	17	9	8	17	18
5 — 10	6	3	9	8	9	17	14	12	26	23
10 — 15	6	5	11	6	7	13	12	12	24	29
15 — 20	5	7	12	8	4	12	13	11	24	23
20 — 25	6	10	16	4	3	7	10	13	23	22
25 — 35	17	12	29	3	1	4	20	13	33	34
35 — 45	7	14	21	1	1	2	8	15	23	28
45 — 55	6	10	16	1	—	1	7	10	17	22
55 — 65	1	6	7	2	—	2	3	6	9	7
65+	1	1	2	—	1	1	1	2	3	5
TOTAL	55	68	123	42	34	76	97	102	199	212
Notification Rates	1.39	1.52	1,46	1.06	.76	.903	2.45	2.28	2.36	2.55

There is nothing unusual about this Table, except the excess in the notifications of Pulmonary Tuberculosis among females and the unusually high rate recorded for the notifications of Non-Pulmonary Tuberculosis amongst males.

PRINCIPAL SITES OF TUBERCULOSIS.

The following Table shows the number of cases of the different varieties of Tuberculosis, notified during 1926, as compared with the corresponding figures of the five preceding years :—

Situation of Disease.	Year.					
	1921	1922	1923	1924	1925	1926
Pulmonary	304	154	133	141	146	123
Abdominal	6	5	10	8	9	12
Cerebral	5	5	7	4	5	3
General	1	1	1	—	—	—
Bones and Joints	32	12	24	13	17	22
Glands	16	11	17	16	26	32
All other forms of T.B. ...	16	11	15	11	9	7
TOTAL	380	199	207	193	212	199

The chief points exhibited above so far as 1926 is concerned, are the small number of notifications of Tuberculous Meningitis, the low number of notifications of Pulmonary Tuberculosis (the lowest recorded in any year since notification began except 1915), the slight rise in Abdominal Notifications and the definite increase in Glandular Notifications.

So far as Glandular Tuberculosis is concerned, the recent increase has occurred entirely in connection with the East Suffolk and Ipswich Hospital, and is connected with the local scheme of payment for the treatment of cases in that Institution.

TUBERCULOSIS SURVIVAL TABLE CORRECTED TO DECEMBER 31st, 1926.

The numbers of persons notified as suffering from the various forms of Tuberculosis and known to have survived on December 31st, 1926, are shown as follows :—

Sex.	Pulmonary.	Non-Pulmonary.	All Forms.
Males	585	245	830
Females	510	239	749
Persons	1095	484	1579

This Table shows an increase of 89 persons, as compared with the previous year.

Of these 48 were males and 41 females. There was an increase of 41 in the Pulmonary forms, and 48 in the Non-Pulmonary varieties.

TUBERCULOSIS DISPENSARY.

Year	No. of Patients attending Dispensary	No. of Visits paid by Patients	No. of Visits to Homes by Nurse.
1921	529	2566	2435
1922	495	3091	2353
1923	525	2999	2492
1924	703	3249	2597
1925	591	3098	3231
1926	547	2823	3176

The number of cases on the Dispensary Register (as distinct from the Notification Register) at December 31st, 1926, was 742.

This figure includes only those cases presenting themselves at the Dispensary during the last two years.

110 X-Ray examinations were carried out during 1926.

During the year 175 patients were admitted to Institutions for the treatment of Tuberculosis, 142 were discharged, and 25 died.

With regard to the cases discharged from Institutions, the following summary of the result of treatment, as subscribed by the Medical Superintendents, may be of interest :—

Condition at time of discharge.	No. of cases.			
	Pulmonary.	Surgical.	Others.	Total.
Quiescent or arrested ...	41	29		70
Improved	29	20		49
No Material Improvement	13	5		18
Observation only			6	6
TOTAL	83	54	6	143

It would appear, therefore, that less than 12 per cent. of the patients failed to benefit by the treatment afforded them.

IPSWICH BOROUGH SANATORIUM.

Dr. W. F. Sutcliffe, Medical Superintendent of the Ipswich Borough Sanatorium, makes the following report :—

RETURN OF CASES TREATED TO A CONCLUSION DURING THE YEAR 1926.

Report upon all Cases discharged from the Ipswich Sanatorium during 1926 :—

Classification on Admission.	Condition at time of Discharge.	Duration of Residential Treatment.												Total.
		Under 3 Months.			3–6 Months.			6–12 Months.			More than 12 Months.			
		M	F	C	M	F	C	M	F	C	M	F	C	
Class T.B. Minus.	Quiescent ...	—	—	—	23	13	2	3	2	31	—	—	2	76
	Improved ...	—	2	2	7	11	2	3	5	7	—	—	5	44
	No material Improvement	2	1	3	1	1	—	—	—	—	—	—	—	8
	Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Class T.B. Plus Group 1.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Improved ...	1	1	—	—	3	—	1	—	—	—	—	—	6
	No material Improvement	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Class T.B. plus Group 2.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Improved ...	2	—	—	16	13	—	6	4	—	—	—	—	41
	No material Improvement	—	—	—	—	1	—	—	—	—	—	—	—	1
	Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Class T.B. plus Group 3.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Improved ...	1	2	—	7	8	—	2	2	—	1	—	—	23
	No material Improvement	2	2	—	2	4	—	2	2	—	3	1	—	18
	Died in Institution ...	5	—	—	—	—	1	—	1	—	—	—	—	7
		Under 1 Week.			1–2 Weeks.			2–4 Weeks.			More than 4 Weeks.			
Observation Cases for Diagnosis.	Tuberculous	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-Tuberculous	—	—	—	—	—	—	—	—	—	—	2	—	2
	Doubtful ...	—	—	—	—	—	—	—	—	—	—	—	—	—
											Total Cases		...	226

IPSWICH CASES (Included also in the foregoing Table)

Classification on Admission	Condition at time of Discharge.	Duration of Residential Treatment.												Total.
		Under 3 Months.			3 – 6 Months.			6 – 12 Months.			More than 12 Months.			
		M	F	C	M	F	C	M	F	C	M	F	C	
Class T.B. Minus.	Quiescent ...	—	—	—	5	3	1	2	—	12	—	—	2	25
	Improved ...	—	1	2	1	1	—	1	2	2	—	—	4	14
	No material Improvement	—		2	—	—		—	—	—	—	—	—	2
	Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Class T.B. Plus Group 1.	Quiescent ...	—	—	—			—	—	—	—		—	—	—
	Improved ...	—	1	—	—	—	—	—	—	—	—	—	—	1
	No material Improvement	—	—		—	—	—	—	—	—	—		—	—
	Died in Institution ...	—	—	—	—	—	—	—	—	—	—		—	—
Class T.B. Plus Group 2.	Quiescent ...	—		—	—	—	—	—	—	—	—	—	—	—
	Improved ...	1	—		3	1	—	3	—	—				8
	No material Improvement			—	—	—		—	—	—	—		—	—
	Died in Institution ...	—	—		—	—	—	—	—	—	—			—
Class T.B. Plus Group 3.	Quiescent ...	—	—	—	—	—	—			—	—		—	—
	Improved ...	1				1			1					3
	No material Improvement			—		1	—	—	1	—	1	1		4
	Died in Institution ...			—			1							1
													Total Ipswich Cases ...	58

TREATMENT OF CASES OF SURGICAL TUBERCULOSIS.

A.—EAST SUFFOLK AND IPSWICH HOSPITAL.

The following Table gives the number of Patients treated at the East Suffolk and Ipswich Hospital since 1920:—

Year.	Remaining from Previous Year.	Admitted.	Treated.	Discharged.	Remaining.
1920	7	51	58	51	7
1921	7	21	28	26	2
1922	2	26	28	23	5
1923	5	27	32	24	8
1924	8	20	28	16	12
1925	12	37	49	41	8
1926	8	53	61	50	11

Thus the number of cases dealt with in 1926 was considerably in excess of the experience of the last few years.

B.—IPSWICH ISOLATION HOSPITAL.

Year.	Remaining from Previous Year.	Admitted.	Treated.	Discharged.	Deaths	Remaining.
1925	-	10	10	3	—	7
1926	7	6	13	4	1	8

The treatment of cases of Surgical Tuberculosis in the Isolation Hospital was continued on the same lines as before. The alterations to the South Ward for the reception of these cases were not completed at the end of 1926.

MATERNITY AND CHILD WELFARE.

The following is a Summary of the Home Visits since 1921 :—

HOME VISITS BY HEALTH VISITORS.

Year	Expectant Mothers.	Children.		
		1	1—5	Total.
1921	18	2,726	1,024	3,750
1922	13	2,249	2,364	4,613
1923	14	2,062	2,452	4,514
1924	17	1,797	1,707	3,504
1925	8	1,618	2,001	3,619
Average	14	2,090	1,909	4,000
1926	18	1,643	2,149	3,792

The number of visits to Children, although slightly below the average of the last five years, was the highest recorded since 1923.

In addition the Health Visitors paid visits under the following headings :—

Midwives	22
Cases in which Midwives had summoned Medical Assistance	27
Cases notified as suffering from Puerperal Fever and Ophthalmia Neonatorum	34
Misc. : specials, etc.	620

INFANT WELFARE CENTRE.

A.—WORK OF MEDICAL OFFICER.

1.—*Ante and Post Natal Clinic.*

During the year under review, Dr. Doris Jolly resigned, and Dr. Margaret Patterson took over her duties on September 1st.

The following Table shows that the Ante Natal Clinic is assuming its proper position in the M. and C.W. Scheme.

Year.	Ante Natal Cases Examined.	Re Exams.	Total	Post Natal Exams
1924	27	18	45	-
1925	61	65	126	10
1926	123	81	204	18

The Ante Natal Clinic is held on one afternoon per week, at present with an average attendance of four women (exclusive of post-natal examinations).

This figure is a great advance on any hitherto recorded.

The following specimens were examined in connection with this Clinic :—

Nature of Specimens.	Number Examined.	Result.	Number
Urine	191	Sugar present	13
		Slight Albuminaria	31
		Definite Albuminaria	6
		Bacilluria	1
		Pus	6
Vaginal Discharge	5	Gonococcal	nil
Sputum	3	T B. present	nil
Blood (Wasserman)	5	Positive	nil
		Doubtful	2
		Negative	3

DEFECTS.

Defects found by the Medical Officer were as follows :—

	Ante-Natal.	Post-Natal.
Dental Caries	44	3
Varicose Veins	23	—
Gynæcological Disorders	12	8
Digestive Disorders	11	2
Debility	8	3
Anæmia	3	3
Ophthalmic Disorders	3	2
Tuberculosis (obs)	2	2
Contracted Pelvis	3	—
Cystitis	2	—
Dermatitis	2	—
Syphilis	1	
Sciatica	1	—
Femoral Hernia	1	—
Partial Paralysis	1	—
Breast Abscess	—	3
Cardiac Disease	—	1
Cancer (Secondary Glands)	—	1
Total	117	28

I draw attention to the high proportion of cases of Dental Caries.

This is a matter of importance, in view of the importance now attached rightly to the injurious effects of Dental Disease.

2.—*Infant Clinic.*

The Infants examined by the Medical Officer during 1926 are classified in the following Table according to age groups.

Age.	No. Examined.	No. of Re-Examinations.	Total 1926.	Total 1925.
1	441	1,199	1,640	1,104
2	105	290	395	310
3	68	94	162	151
4	49	74	123	98
5	44	82	126	66
Total	707	1,739	2,446	1,729

The number of examinations by the Medical Officer during the previous five years averaged 762, and it is interesting to note that five times as many examinations were made in 1926 as in 1921.

The Medical Officer is in attendance three afternoons only, and for 1926 this means an average of nearly twenty children per session, in addition to the Ante-Natal and Sunlight Clinic on two of the afternoons in question.

3.—*Sunlight Clinic.*

Through the generosity of an anonymous donor an Artificial Sunlight Lamp was installed at the Infant Welfare Centre, and the Light Clinic was opened, under the supervision of Dr. Patterson, on November 22nd, 1926.

During the few weeks to the end of the year, 24 children under five years attended, and paid 81 visits.

This feature has become quite popular, and in view of the increased attendance and the lack of dressing-rooms, it was found necessary to enlarge the room, and the work is in hand and will soon be completed.

B.—WORK OF INFANT CLINIC.

The following is a summary of the visits paid to the Infant Welfare Centre since 1921 :—

Year.	Infants.	Children 1—5.	Total.
1921	9,632	3,432	13,064
1922	7,902	3,132	11,034
1923	7,406	3,098	10,504
1924	6,235	2,750	8,985
1925	6,335	2,652	8,987
Average	7,502	3,013	10,515
1926	7,428	3,083	10,511

This Table indicates that the number of attendances in 1926 was the highest since 1922, and was equal to the average of the last five years.

The increased attendance is very striking (in view of the decreasing Birth-rate especially) and the reason may be connected with the attendance of the Medical Officer at the Centre and the educational measures undertaken by the Committee during Health Weeks, etc.

ASSISTANCE GRANTED.

The following cases were supplied with milk, foods, etc., through the Centre during 1926 :—

Mothers—Expectant	10
Nursing	45
Infants under 5 years	33

MATERNITY HOME.

During the five years 1921-1925 an average of 83 cases (71 Ipswich and 12 outside) were admitted annually to the Ipswich Maternity Home.

The average length of stay was 11.3 days per patient.

In 1926, 86 cases (70 Ipswich and 16 outside) were admitted, and the average duration of stay was 10.8 days.

The Home has proved of special utility in providing a solution of the difficulty of the expectant mother in rooms.

43 cases, or 50 per cent. were admitted at reduced fees. It is desirable that it should be known that reduced means should not deter a woman from making application for admission to the Home. The circumstances of the patient are taken into consideration in every case and the fee is fixed according to the income of the family

The cases booked under the care of their own Doctor totalled 23 or 26 per cent., a rather lower percentage than usual. Of the remainder the Midwives found it necessary to call in Medical Assistance in 12 cases (10 on behalf of the mother and 2 of the child).

Five infants were stillborn, and there was one maternal death.

MIDWIVES' ACTS, 1902 AND 1918.

The average number of midwives on the Local Roll from 1921-1925 was fifteen, and the births attended by them amounted to 50 per cent. of the total births.

During 1926, eighteen midwives notified their intention to practise in Ipswich, but of these two midwives attended no cases and another attended one only.

The confinements attended by Midwives in 1926 numbered 841, or 55 per cent. of the total births.

The following indicates the extent to which medical assistance was sought by the Midwives.

Year	Notifications received.			Percentage of Births attended by Midwives in which Medical Help is called in.
	On behalf of Mother.	On behalf of Child.	Total.	
1921	69	39	108	12.6
1922	54	37	91	14.2%
1923	61	33	94	11.7%
1924	70	29	99	14.6
1925	66	26	92	12.4
Average	64	32	96	12.5%
1926	76	38	114	13.5

SUMMARY OF THE CAUSES FOR SENDING FOR MEDICAL ASSISTANCE.

	1921	1922	1923	1924	1925	Average.	1926
MOTHER:—							
Torn Perineum ...	18	10	15	21	16	16	22
Prolonged, Tedious or Difficult Labour ...	6	8	15	11	17	11.4	10
Faulty Presentations...	12	6	8	4	4	6.8	9
Impactions	7	4	4	4	3	4.4	6
Haemorrhages ...	5	2	2	4	6	3.8	7
Puerperal Fever ...	1	—	2	2	4	1.8	4
Other Rise of Temperature	3	4	4	8	4	4.6	3
Adherent Placenta ...	4	3	1	4	1	2.6	1
Albuminuria	2	5	3	—	1	2.2	2
Phlebitis	2	1		3	1	1.4	2
Abortion	2	—	1	—	2	1	—
Contracted Pelvis ...	—	2	2	—	1	1	—
Eclampsia	1	1		1	—	0.6	—
Prolapse of Cord ...	1	—	1	1	—	0.6	1
Miscellaneous	5	8	3	7	6	5.8	9
TOTAL ...	69	54	61	70	66	64	76
CHILD:—							
Discharging Eyes ...	17	10	7	9	6	9.8	12
Debility, Feebleness, etc.	3	12	10	8	6	7.2	8
Prematurity	7	8	7	4	4	6.0	6
Malformations ...	4	—	2	3	4	2.6	6
Convulsions and Fits	3	5	2	2	1	2.6	—
Suffocation	1	—	1		1	0.6	
Miscellaneous	4	2	4	3	4	3.4	6
TOTAL ...	39	37	33	29	26	32	38

The figures for 1926 show no considerable departure from average experience.

BOROUGH ISOLATION HOSPITAL.

The appended Table shows the total numbers admitted into, and treated in the Hospital since 1901 :—

Year.	Admissions.	Total Treated.
Average 1901 1910	176	202
.. 1911 1920	574	634
1921	660	762
1922	393	472
1923	386	431
1924	304	331
1925	373	418
1926	318	384

Thus, the admissions to Hospital were, once more, relatively low as compared with the average experience of the Borough since 1911, chiefly owing to the small numbers of cases of Diphtheria.

The areas from which the cases were admitted are shown below :—

Area.	Infectious Diseases.	Tuberculosis.	Total.
Ipswich	223	53	276
Samford R D C	12	—	12
Hartismere R D C	3		3
Private	2		2
Hadleigh R D C	2		2
Woodbridge R D C	2		2
Aldeburgh U D C	1		1
East Suffolk County Council ...	1	5	6
Saxmundham U D C ...	1	—	1
Blything R D C	1		1
East Stow R D C.	1		1
Halesworth U D C	1		1
Hoxne R D C	1		1
Military	1		1
Essex County Council ...		1	1
Norfolk County Council ...		7	7
TOTAL	252	66	318

The Table illustrates the modern tendency to utilise properly equipped Fever Hospitals for the accommodation of patients from surrounding districts.

Agreements have been entered into with many surrounding authorities for the admission of such of their cases as require isolation in Hospital, and as the Table shows, a fair number were admitted in 1926. There would be agreement that it is better to have a limited number of properly equipped and efficiently managed Hospitals, rather than a large number of small Institutions which from the very nature of the case can neither provide the class of medical service required nor the type of nursing.

The following Table gives the number of cases admitted into, and treated, in the Ipswich Isolation Hospital for the last five years.

	Infectious Diseases, etc.					Tuberculosis (including Surgical).					Total.				
	1922	1923	1924	1925	1926	1922	1923	1924	1925	1926	1922	1923	1924	1925	1926
No in Hospital on Jan 1st ...	56	29	12	28	38	23	16	15	17	28	79	45	27	45	66
Admissions ...	348	311	235	301	251	45	75	69	72	67	393	386	304	373	318
Total Treated ...	404	340	247	329	289	68	91	84	89	95	472	431	331	418	384
No discharged ...	355	315	210	279	235	34	59	50	37	43	389	374	260	316	278
No of deaths ...	20	13	9	12	20	18	17	17	24	27	38	30	26	36	47
No remaining on Dec 31st ...	29	12	28	38	34	16	15	17	28	25	45	27	45	66	59

This Table is self-explanatory.

Table showing the principal diseases admitted to the Isolation Hospital together with the fatalities attached to each.

Diseases	No. of Cases Admitted			Deaths			Case Fatality per cent.
	Ipswich	Other Districts	Total	Ipswich	Other Districts	Total	
Scarlet Fever ...	97	7	104	—	—	—	
Tonsillitis ...	19		19				
Pneumonia ...	16		16	3	—	3	19
Diphtheria ...	10	6	16	3	—	3	19
+Contacts Diph ...	2	5	7	-			
Rubella	9	1	10		-		
Erysipelas ...	8	—	8	—	—	—	—
Puerperal Fever ...	4	2	6	--		—	
Ophthal Neonat ..	6		6				
Enteric Fever ...	2	1	3		—	-	
C S Fever ...	2	1	3	2	1	3	100
Chicken Pox ...	3		3	-		-	
Enceph Lethargica	2		2	2		2	100%
Mumps	1	1	2	—		—	—
Influenza	—	1	1	—		—	
Miscellaneous ...	24	2	26	8	1	9	34%
Nil, etc	18	1	19	—	—	-	
TOTAL ...	223	28	251	18	2	20	9%
Tuberculosis ...	53	14	67	19	8	27	40
TOTAL ...	276	42	318	37	10	47	17%

Thus, the chief Fever was, as usual, Scarlet Fever, which was of an extremely mild type, not one case proving fatal.

The experience as regards Diphtheria is unique in the local annals. The number of admissions in 1926 was the smallest since Diphtheria began to be isolated.

Typhoid Fever (Enteric) has ceased to bulk in the local experience.

I draw attention to the great extension in the utilisation of the Isolation Hospital for the isolation and observation of suspicious cases of disease.

The Table shows that numbers of cases have been admitted to the Institution for the purpose of isolation pending diagnosis. The value of this becomes apparent if it be realised that the essence of successful isolation is speed. Therefore, whenever there is suspicion, isolation is the remedy, and as this is a practical impossibility in the vast majority of homes, Hospital Isolation is the only alternative. Locally, we are singularly fortunate in our equipment for this class of case, and I have no hesitation is claiming that the far-sighted extent of provision made is one of the reasons why the inhabitants enjoy at the present moment the comparative immunity from Zymotic Disease, which is one of the characteristics of the Health Record.

I do not wish to be misunderstood in this relation. I claim, I believe, with justice, that in interepidemic periods, rapid isolation of suspects is of material assistance in aborting local outbreaks of infectious disease. I do not claim that isolation of suspects during the prevalence of an established epidemic is of the same practical value. To knowledgeable people the difference between the two claims is obvious, and the value of the first is enhanced.

LABORATORY.

The work carried out in the Laboratory of this Department since 1921 is as follows :—

	SWABS from Cases of Diphtheria or Suspected Diphtheria.			SPUTA from Actual or Suspected Cases of Tuberculosis.		
Year.	Ex-amined.	Positive.	Per cent. Positive.	Ex-amined.	Positive.	Per cent. Positive.
1921	2,655	553	20%	249	49	20%
1922	1,262	239	19%	252	50	20%
1923	982	204	20%	209	72	34%
1924	652	100	15	190	49	25%
1925	751	102	13%	191	42	22%
Average	1,260	240	19%	218	52	24%
1926	516	89	17%	173	42	24%

207 Urines were examined in connection with the Ante-Natal Clinic, with the following results :—

Slight Albuminuria	34
Definite ditto	18
Sugar	13
Bacilluria	4
Pus	9

Examinations carried out at the East Suffolk County Laboratory, on behalf of the Local Authority during 1925, were as follows :—

Widals (Typhoid and Para. A. and B.)	2
Cerebro-Spinal Fluid	1
Virulence Test	1

In addition under the V. D. Scheme, the following specimens were examined at the East Suffolk County Laboratory :—

	East Suffolk Hospital Clinic.	Private Practitioners.
For Gonococci	—	2
For Wassermann Reaction ...	114	47
Cultural Test for Gonococcus	37	1

WATER SUPPLY.

The following is the return of the amounts of water supplied during the year from the various sources:—

	Gallons.
Total Water Pumped from Wells, Waterworks Street	347,187,624
Ditto from Whitton	326,948,600
Total Water from Gravitation Sources, Holywells, and Brooks Hall	35,000,000
Supply per head per day (including Trade Supplies)	22.03

Samples have been taken from time to time and submitted to analysis.

REFUSE REMOVAL DEPARTMENT.

REPORT OF MANAGER OF HOUSE REFUSE REMOVAL AND NIGHT-SOIL DEPARTMENTS FROM JANUARY 1st TO DECEMBER 31st, 1926.

To the Chairman and Members of the Public Health Committee, Ipswich.

Ladies and Gentlemen,

I beg to submit summary of work carried out in the Refuse Removal Departments for the year ending 31st December, 1926.

HOUSE REFUSE.

During the first five months of the year there were thirty men, four Electric vehicles and five Horse vehicles, and for seven months thirty-one men, five Electric vehicles and five Horse vehicles.

Number of weekly and bi-weekly calls on Register.

Electric Vehicles ...	16,080	
Horse Vehicles ...	7,352	
		23,332

Calls made during the year.

Electric Vehicles ...	801,666	
Horse Vehicles ...	365,445	
		1,167,111

Number of Loads.

Electric Vehicles ...	3,999	
Horse Vehicles ...	4,306	
		8,305

Weight Collected.

Electric Vehicles	7,543 14 3 21	
Horse Vehicles	3,836 18 2 21	
		11,380 13 2 14

NIGHT WORK.

Number of loads collected from Middens	...	43
Number of Buckets emptied	... ...	2,076
Number of Dead Wells emptied	... ...	5

Whitton District.—There are still five midden pits here.

Henley Road and Dale Road District.—No change. Nine double and fifteen single bins.

New Cut East District.—No change, three bins.

Handford Hall.—No change, one double bin.

I am, Ladies and Gentlemen,

Your obedient Servant,

A. HICKS,
Manager.

Exchange Chambers,
Lion Street, Ipswich.

VENEREAL DISEASES CLINIC.

REPORT ON VENEREAL DISEASES CLINIC FOR THE YEAR 1926.

By Dr. F. Fowler Ward.
(Medical Officer in Charge, Venereal Diseases Clinic.)

STATISTICAL TABLES.

1. NEW CASES

Year.	New Cases.				Diseases (Ipswich only).		
	Clinic.			Ipswich only.	Syphilis.	Gonorrhœa.	Other Diseases.
	Males.	Females.	Persons.	Persons.			
1921	237	117	354	235	78	82	75
1922	168	63	231	164	62	54	48
1923	123	57	180	121	51	37	33
1924	137	46	183	122	35	41	46
1925	140	57	197	126	50	37	39
Average	161	68	229	153	55	50	48
1926	149	43	192	125	31	68	26

The number of new cases for the whole Clinic was 192; of these 56 were Syphilis, 87 Gonorrhœa, and other conditions 49.

Of the Syphilis cases 40 were males and 16 females, and of the cases of Gonorrhœa, 77 were males and 10 females.

The number of new cases from Ipswich and from other areas are in the ratio of two to one, but it is found to be advisable to admit into Hospital acute cases coming from a distance.

2. ATTENDANCES OUT-PATIENT CLINIC.

Year.	Syphilis.		Gonorrhœa.		Other Diseases.		Total.			
							Clinic			Ipswich only.
	M.	F.	M.	F.	M.	F.	M.	F.	Persons.	Persons
1921	1,838	847	2,466	241	117	67	4,421	1,158	5,579	4,186
1922	1 465	701	1,951	310	65	26	3,181	1,037	4,518	3,699
1923	1,418	854	1,221	139	63	51	2.702	1,047	3,719	2,803
1924	942	870	1,491	230	102	38	2 535	1,138	3,673	2,588
1925	979	889	1,813	154	68	31	2,860	1,074	3,934	2,660
Average	1,328	832	1,788	215	83	43	3 700	1,090	4,090	3,187
1926	972	846	2 246	164	53	23	3 271	1,033	4,301	3,309

The Out-Patient Attendances fall under two heads :—

1. For individual attendance by the Medical Officer—males 1,742, females 946.
2. For intermediate treatment, e.g., irrigations, dressings, etc.—males 1,529, females 87.

It will be noticed that the number of attendances under the second heading is very considerable; of 1,529 males, 1,461 were cases of Gonorrhœa. The course of this disease is much shortened by regular attendances at this subsidiary Clinic, and persons show their appreciation of the facilities thus offered. It is held in a part of the building situated away from the main block and entrance of the Hospital.

3.—IN-PATIENT DAYS.

Year.	Total for Clinic.			Ipswich only.
	Males.	Females.	Persons.	Persons.
1921	749	447	1,196	719
1922	380	188	568	253
1923	379	147	526	227
1924	324	80	404	289
1925	441	247	688	325
Average	454	222	676	362
1926	389	213	602	289

The number of In-Patient days of treatment was 602; of this number 531 were for Gonorrhœa; males preponderating in the ratio of two to one; the number of cases from the Borough of Ipswich and those from other areas being approximately equal.

EXAMINATIONS OF PATHOLOGICAL MATERIAL.

1. Specimens examined at the Centre by the Medical Officer :—
   Spirochætes 23, Gonococci 115.
2. Specimens from persons attending the centre and sent to the laboratory :—

Cultures for Gonococci	70
For Wasserman Reaction	186

The number of doses of Arsenobenzol Compound given was 607 ; of Bismuth Compound 628.

(Signed) F. Fowler Ward, M.B., Bc., B.A., Cantab.
Medical Officer in Charge of the Venereal
Disease Centre at the East Suffolk and
Ipswich Hospital.

CHIEF SANITARY INSPECTOR'S REPORT, 1926.

Inspector under the Food and Drugs Act, Inspector of Butter Factories, Inspector under Dairies, Cowsheds and Milkshops Order, Inspector of Common Lodging Houses, Inspector under the Shop Acts, Inspector under Contagious Diseases (Animals) Act, Inspector under the Rats and Mice (Destruction) Act, 1919.

	1926
No. of Inspections of Private Houses	7,984
,, ,, ,, House to House	556
,, ,, ,, Houses let in Lodgings ...	121
Total	8.661
No. of Inspections of Van Dwellings	197
,, ,, ,, Common Lodging Houses ...	225
,, ,, ,, Overcrowded Houses ...	39
,, ,, ,, Houses with defective eaves-troughing	82
,, ,, ,, Damp Houses	65
Total	186
No. of General Repairs to Houses	367
,, ,, Yards concreted	163
,, ,, Sculleries concreted	79
,, ,, Rooms Ventilated	34
,, ,, Roofs repaired	127
,, ,, Eavestroughing repaired	115
,, ,, Wash Houses repaired	90
,, ,, Coppers repaired	29

	1926
Drains Inspected, Relaid, Tested and Work carried out.	
No. of Smoke Tests	293
,, ,, Water Tests	282
,, ,, Above surface drain inspections	415
,, ,, Drains reconstructed	159
,, ,, Drains unblocked and cleansed	179
,, ,, Gullies fixed	155
,, ,, New sinks and wastes provided	69
,, ,, Inspection chambers provided	115
,, ,, Inspection chambers repaired	37
,, ,, New vent shafts provided	51
,, ,, Dead wells filled in	31
,, ,, New W.C.'s provided	46
,, ,, New W.C. pans provided	89
,, ,, Privies done away with	6
,, ,, Foul W.C.'s cleansed	73
,, ,, Water laid on to W.C.'s	71
,, ,, Houses connected to sewer	21
,, ,, W.C.'s rebuilt	4
No. of Inspections of Slaughterhouses	3,101
,, ,, Slaughterhouses and Bakehouses limewashed	238
,, ,, Removal of Animals	32
,, ,, ,, Manure	52
,, ,, Ash Receptacles supplied	376
,, ,, Inspections of Public and Private Urinals	398
,, ,, ,, Offensive Trade Premises	486
,, ,, ,, Smoke Nuisances	51
,, ,, Visits to places of Entertainment	241
,, ,, Visits to Refuse Dumps	31
,, ,, Complaints investigated	413
,, ,, Inspections of Piggeries	93
,, ,, ,, Stables	109
,, ,, Letters issued	258
,, ,, Inspections of Ice Cream Premises	127

	1926
PROGRESS OF NOTICES.	
Preliminary.	
Served	341
Completed	367
Statutory.	
Served	28
Completed	28
Verbal.	
Given	185
Completed	170
FACTORIES AND WORKSHOPS.	
Premises Inspected.	
Factories and Workshops	195
Contractors	5
Outworkers	41
Bakehouses	775
SHOPS' ACT.	
Visits	1,031
New Shops Registered	96
Transfers	46

HOUSING.

1. *Unfit Dwelling-houses.*

Inspection. (1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	7,984
(2) Number of dwelling-houses which were inspected and recorded under the Housing Consolidated Regulations, 1925	556
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	4
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	441

2. *Remedy of defects without service of formal Notices.*

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	441

3. *Action under Statutory Powers.*

A. Proceedings under Section 3 of the Housing Act, 1925.

(1) Number of dwelling-houses in respect of which notices were served requiring repairs ...	Nil
(2) Number of dwelling-houses which were rendered fit after service of formal notice:—	
(*a*) By Owners	Nil
(*b*) By Local Authority in default of Owners	Nil
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by Owners of intention to close	Nil

B. Proceedings under Public Health Acts.

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	28
(2) Number of dwelling-houses in which defects were remedied after service of formal notices:—	
(*a*) By Owners	28
(*b*) By Local Authority in default of Owners	Nil

C. Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925.

(1) Number of representations made with a view to the making of Closing Orders	4
(2) Number of dwelling-houses in respect of which Closing Orders were made	4
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	Nil
(4) Number of dwelling-houses in respect of which Demolition Orders were made	Nil
(5) Number of dwelling-houses in pursuance of Demolition Orders	Nil

WATER SUPPLY.

Samples taken from Corporation Supply	31
Samples taken from Private Supplies ...	2

SALE OF FOOD AND DRUGS.

The following Table shows the number of Samples taken :—

Milk	58
Butter	49
Margarine	15
Coffee	14
Lard	13
Apples	6
Baking Powder	6
Vinegar	3
Tea	3
Cocoa	2
Milk (tins)	2
Cream	1

There were four prosecutions, three cases were dismissed and one defendant fined £2.

Four Milk Vendors were cautioned.

FOOD INSPECTION.

The under-mentioned Food Stuffs were condemned as unfit for human consumption during the year 1926.

Carcases of Beef	33
Quarters of Beef	7
Beef lbs.	721
Beef chilled lbs.	126
Ox heads	18
Ox hearts	7
Ox livers	92
Ox Tongues	20
Ox lungs	20
Ox spleens	2
Ox kidneys	5
Cows' udders	1
Carcases of Veal	3
Carcases of Mutton	9
Mutton lbs.	23
Carcases of Lamb	17
Sheeps' lungs	18
Sheeps' livers	16
Sheeps' heads	7
Carcases of Pork	182
Sides of Pork	1
Pork	2 tons 10 cwts. 14 lbs.
Pigs' plucks	1287
Pigs' heads	436
Pigs' offal	316

Bacon lbs.	13¾
Skate lbs.	42
Filleted Haddock (boxes) ...	2
Cod Fish lbs.	32
Mackerel (boxes)	1
Dogfish lbs.	55
Kippers (boxes)	2
Whelks pecks	1
Shrimps gallons	23
Potatoes sacks	59
Corned Beef 6lb. tins... ...	19
Corned Beef 1lb. tins... ...	3
Sardines, tins	80
Salmon, tins	3
Lobster, tins	5
Herring, tins	3
Cray Fish, tins	12
Ox tongue, tins	3
Sauce, bottles	1
Pears, bottles	66
Pine Apple, tins	3
Potted Meat. various tins ...	75
Tinned Fish Paste	56
Baking Powder, etc., packets ...	315
Oxo cubes, gross	4½
Liquid Eggs, bottles	8
Golden Crumbs, packets ...	80
Cherries, pecks	7

DISEASE OF ANIMALS ACT, 1894-1895.

TUBERCULOSIS ORDER OF 1925.

This Order came into operation on the 1st September, 1925.

Seven cows were sent in for slaughter by Veterinary Inspectors.

One carcase and all organs was condemned, having generalised Tuberculosis.

Three carcases were passed fit for human consumption with the exception of the head, tongues and internal organs (one had Johnes Disease).

One carcase was passed fit for human consumption with the exception of one fore quarter, head and tongue.

Two carcases were passed fit for human consumption with the exception of the udders.

THE PUBLIC HEALTH MEAT REGULATIONS, 1924.

This Regulation came into operation on the 1st April, 1925.

Although there has been a great improvement in protection of food stuffs from dust and dirt, the object of the regulation will not be achieved until all food shops have fixed windows. Observations have been kept, and it is fully proved that meat, bacon, etc., is contaminated by mud splashes from the streets.

I should like to refer again to the practice of wrapping meat in old newspapers, which still continues in many shops.

There were four prosecutions under this Regulation during the year.

One butcher was fined £15 for failing to give notice of disease in a slaughtered animal.

One butcher was fined £15 for removing a diseased carcase before inspection.

One butcher was fined £5 for removing a diseased carcase.

One butcher was fined £10 for aiding and abetting the removal of a diseased carcase.

SLAUGHTERHOUSES.

There were 21 private slaughterhouses in existence in the Borough during 1926.

One slaughterhouse and one knacker's yard were closed during the year.

3,101 visits were paid during 1926.

MILK AND DAIRIES ORDER, 1926.

This Order came into operation on the 1st October, 1926, and a copy was forwarded to all Cowkeepers, Milk Purveyors and Retailers in the Borough.

INSPECTIONS.

No. of Inspections of	Dairies and Milk Shops	...	373
,, ,,	Purveyors of Milk	...	230
,, ,,	Cowsheds ...	...	166

RATS AND MICE DESTRUCTION ORDER, 1919.

The number of Rats collected at the Public Health Office during the year 1926 was 14,945.

DISINFECTION.

The undermentioned Table gives the number of rooms, articles of clothing, vehicles, etc., disinfected by this Department during 1926:—

Rooms after Infectious Diseases	356
Articles of clothing from dwelling houses ...	1,773
Articles of clothing, etc., from Isolation Hospital	4,304
Ambulances	62
Library books	144
Verminous rooms	52
Miscellaneous	20
No. of articles destroyed	104

SANITARY CONDITION OF MUSIC HALLS AND CINEMAS.

In accordance with a suggestion contained in a letter circulated by the Ministry of Health, 241 visits were paid during performances to Music Halls and Cinemas in the Borough during 1926.

Special attention was paid to the ventilation of the premises and also to the condition and efficiency of sanitary accommodation.

In every case the conditions were satisfactory.

MORTUARY.

	1921	1922	1923	1924	1925	1926
Number of Bodies removed to Mortuary	19	15	19	17	15	19
Number of Post Mortem Examinations	5	4	5	5	3	6

FACTORIES AND WORKSHOPS, 1926.

1. Inspection of Factories and Workshops:—

Premises.	Number of		
	Inspections.	Written Notices.	Occupiers Prosecutions
Factories ...	63	3	—
Workshops ...	137	7	—
Contractors ...	—		
Outworkers ...	41		
Bakehouses ...	775	—	—
TOTAL ...	1,016	10	Nil

2. Defects found in Factories, Workshops and Workplaces :—

Particulars.	Number of Defects.			Number of Offences in respect to which Prosecutions were instituted.
	Found.	Remedied.	Referred to H.M. Inspector	
Nuisances under the Public Health Acts				
Want of Cleanliness ...	4	4		–
Want of Ventilation ...	–		–	
Overcrowding	1	1	–	
Want of Drainage of Floors			–	–
Other Nuisances ...	–			–
Sanitary Accommodation				
Insufficient	5	4	–	–
Unsuitable or Defective	–			–
Not Separate for Sexes...	1		–	–
Offences under the Factory and Workshop Acts :—				
Illegal Occupation of Underground Bakehouse	–	–	–	–
Other Offences	–		–	–
TOTAL	11	9	–	–

In addition to the above, the following works were carried out :—

	Factories.	Workshops.	TOTAL.
Urinals provided	2	–	2
New W.C.'s provided	5	–	5
Defective drains reconstructed ...	4	–	4
Lime washing and cleansing ...	–	4	4
TOTAL ...	11	4	15

3. Outwork in Unwholesome Premises, Section 108.

So far as Ipswich is concerned, there is nothing to report under this heading.

FACTORIES ON REGISTER.

Bakeries	18
Bookbinders	9
Boot and Leather Factories	12
Bottle Washers	8

Box Factories	2
Breweries	2
Brickworks	3
Beer Bottling	11
Cabinet and Joinery Works	31
Chemical Manures	2
Clothing Factories	8
Coach Building and Painting ...	5
Creameries and Milk Produce Works .	3
Coffin Makers	2
Cutlery Repairs	2
Cattle Foods	4
Dye and Dry Cleaner Works ...	5
Engravers	2
Engineers and Iron Founders ...	19
Electric Works	6
Electric Plating	3
Food Preparation	5
Gas Producers	2
Gravel Screening	4
Jam Factory	1
Laundries	7
Maltings	20
Mineral Water Works	4
Mills	15
Meter Repairers	1
Motor Engineers	23
Organ Builders	1
Printers	22
Stonemasons	5
Scales	2
Sausages and Prepared Foods ...	7
Sacks and Tents	6
Seed Cleaning	3
Sugar Boiling	7
Saw Mills	6
Shipyards	2
Sheet Metal Works	2
Sheep Dip	1
Spectacles	2
Tan Works	1
Tar Distillery	1
Tea Blending, Coffee Blending ...	3
Tobacco	1
Watchmakers, Jewellers, etc.	3
Wireless	5
Total	319

WORKSHOPS.

Art Needlework	1
Bookbinders	9
Bakers	55
Bedding Manufacturers	3
Basket Makers	3
Bootmakers	27
Cartridge Loading	1
Coach Builders	8
Confectionery and Sugar Boiling	4
Cabinet and Joinery	30
Concrete Slabs	2
Corsetiere	2
Cycle Repairs	18
Dressmakers	26
Gut Scraper	1
Jewellers and Watchmakers	7
Lath Rending	1
Laundries	4
Lime Burners	2
Leather Works and Saddlery	7
Milliners	22
Malting	5
Painters	5
Plumbers	12
Paper Bags	2
Printers	4
Rag Sorting	6
Sack Making	1
Sails and Tents	1
Stone Masons	5
Smiths	11
Tallow Melter	1
Tailor and Outfitter	23
Tin Smith	3
Upholsterers	5
Wigs	4
Wood Workers	3
Wheelwrights	2
Sausage Makers	2
Total	328

PORT OF IPSWICH SANITARY AUTHORITY.

REPORT FOR 1926.

The inspection of vessels entering the Port of Ipswich was commenced in 1908. There has been a great improvement in the sanitary condition of vessels since that date.

There were no vessels fumigated during the year. The Masters of incoming vessels produced certificates of recent fumigation.

I.

Number of Vessels inspected	130
Number of vessels re-inspected	397
Total number inspected and re-inspected ...	527

II.

British Steamships	50
British Motor Vessels	1
British Barges	22
Foreign Steamships	53
Motor Vessels	4
Total	130

III.

British	73
German	12
Swedish	7
Norwegian	14
Dutch	12
Danish	3
Greek	2
Italian	5
Spanish	1
French	1
Total	130

SICKNESS.

There were no cases of Infectious Disease reported during the year.
The following cases received treatment :—

Inflammation of Stomach	1
Bronchitis	1
Orchitis	1

BUTTERMAN'S BAY.

This is the name given to a portion of the River Orwell, situated about six miles below the Ipswich Dock. Some of the vessels trading to Ipswich have been too large to enter the Dock, so that they had to discharge the whole of their cargo in the deep water berths constructed at the Bay.

Fourteen boats discharged the whole cargo at Butterman's Bay. Three boats lightened at the Bay and completed discharge at Ipswich Docks.

A. T. MEARS,
Chief Sanitary Inspector.